

# National Drug List

*Closed formulary*

## Anthem Blue Cross and Blue Shield National Drug List

Your prescription drug benefit includes coverage for medicines that you'll find on the National Drug List. You can often find more savings when your doctor prescribes medicine that is on our National Drug List. Here are some commonly asked questions and answers about how the National Drug List works with your prescription drug plan.

### Q. What is an National Drug List?

A. The National Drug List, also called a formulary, is a list of U.S. Food and Drug Administration (FDA)-approved brand-name and generic drugs that have been reviewed and recommended for their quality and how well they work. The review is done by the Pharmacy and Therapeutics (P&T) Process. The P&T Process is performed by an independent group of practicing doctors and pharmacists in charge of the research and decisions surrounding our National Drug List. This group meets regularly to review new and existing drugs and they choose the top drugs for our list — based on their safety, how they work and their value.

Because the drugs on our list are reviewed from time to time, it's a good idea to check the list to find out if any drugs have been added or removed. You can do this by going to [anthem.com](http://anthem.com).

### Q. What are Tiers?

A. Drugs on the National Drug List are grouped into tiers. There are several factors that are used to determine under which tier a drug will be put in. This can include (but it's not limited to):

- Clinical considerations.
- Cost of the drug in comparison to other drugs used for the same type of treatment.
- Availability of over-the-counter options.

### Q. What is a brand-name drug?

A. These are drugs that are developed by a company who holds the rights to sell them. When the rights expire, other drug companies can make their own version of the drugs (see generic drugs below). You may be more familiar with brand-name drugs through advertising or because you know people who take them.

### Q. What is a generic drug?

A. Generics are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. And the FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength.

### Q. Is this list a complete listing of all covered drugs under the National Drug List?

A. Yes, this is a complete listing of all covered drugs.

### Q. What do I do if I am prescribed or currently taking a prescription drug that is not on the National Drug List?

A. If you are prescribed or currently taking a non formulary drug, you should discuss formulary alternatives with your physician. If your physician feels that the medication is medically necessary, it will be necessary to obtain Prior Authorization of Benefits in order for the prescription to be a covered benefit. Information is available to you and your physician through the Certificate or Evidence of Coverage, health plan website and newsletters. You may also call Customer Service for more information. This document is for informational purposes. Please refer to your **Certificate or Evidence of Coverage** that governs how your prescription benefits are covered.

### Q. Can I request that a drug be added to the National Drug List?

A. You or your doctor can put in a request to add a drug to the National Drug List. You can do this either in writing or on our website. Requests are reviewed by the P&T Process team during the National Drug List review. **Please note that if a drug request is approved, it does not guarantee coverage. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your insurance Certificate or Evidence of Coverage to know for sure.**

### Q. What if my medication is not covered?

A. You may want to first check with your doctor about prescribing a drug that is covered. If your doctor prescribes a drug that's not covered, you will need to pay the out-of-pocket cost that applies to drugs not on the formulary.

**Preventive care drugs:** We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA).

**Please note:** In selecting drugs for the prescription drug list, the therapeutic efficacy and cost effectiveness are addressed for each category. When a closed drug list is in effect, only drugs that are included on the drug list are a covered service. In certain clinical situations, a member may require use of a noncovered drug. Anthem Blue Cross and Blue Shield has criteria that permits a member to obtain a noncovered drug in a closed drug list plan. If specific criteria are met, a member can receive a noncovered drug for a drug list copay. The criteria preserves the clinical integrity of the drug list and provides a process by which deviations from the drug list may be allowed. An appeals process is in place for any drugs that do not meet the criteria.

**For more information about your drug plan, you can do the following:**

- Go to [anthem.com](https://www.anthem.com)
- Call Customer Service at the number on your ID card
- Speech and hearing impaired (TDD/TTY users) should call 1-800-221-6915, Monday – Friday, 8:30 a.m. – 5 p.m. ET

**Tier definitions**

**Tier 1 drugs have the lowest cost share.** These drugs offer the greatest value compared to others that treat the same conditions.

**Tier 2 drugs have a medium cost share.** These may be preferred drugs, based on their effectiveness and value. Some are newer, more expensive generic drugs. Tier 2 drugs have a higher cost share than Tier 1.

**Member cost share amounts for certain abuse-deterrent opioid analgesics may be lower in the state of Maine due to state laws. For additional information, please call the Customer Service number on your ID card.**

**National Drug List  
Closed Formulary**

**Table of Contents**

<b>ANALGESICS</b> .....	3
<b>ANESTHETICS</b> .....	5
<b>ANTIALLERGY</b> .....	6
<b>ANTIARTHRITICS</b> .....	6
<b>ANTIASTHMATICS</b> .....	8
<b>ANTIBIOTICS</b> .....	9
<b>ANTICOAGULANTS</b> .....	14
<b>ANTIDOTES</b> .....	15
<b>ANTIFUNGALS</b> .....	15
<b>ANTIHISTAMINE AND DECONGESTANT COMBINATION</b> .....	16
<b>ANTIHISTAMINES</b> .....	16
<b>ANTIHYPERGLYCEMICS</b> .....	17
<b>ANTIINFECTIVES/MISCELLANEOUS</b> .....	18
<b>ANTINEOPLASTICS</b> .....	19
<b>ANTI-OBESITY DRUGS</b> .....	22
<b>ANTIPARKINSON DRUGS</b> .....	22
<b>ANTIPLATELET DRUGS</b> .....	23
<b>ANTIVIRALS</b> .....	23
<b>AUTONOMIC DRUGS</b> .....	25
<b>BIOLOGICALS</b> .....	26
<b>BLOOD</b> .....	29
<b>CARDIAC DRUGS</b> .....	30
<b>CARDIOVASCULAR</b> .....	32
<b>CNS DRUGS</b> .....	35
<b>COLONY STIMULATING FACTORS</b> .....	38
<b>CONTRACEPTIVES</b> .....	38
<b>COUGH/COLD PREPARATIONS</b> .....	41
<b>DIAGNOSTIC</b> .....	41
<b>DIURETICS</b> .....	42
<b>EENT PREPS</b> .....	42
<b>ELECT/CALORIC/H2O</b> .....	44
<b>GASTROINTESTINAL</b> .....	48
<b>HORMONES</b> .....	51
<b>IMMUNOSUPPRESSANT</b> .....	53
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG</b> .....	54
<b>MUSCLE RELAXANTS</b> .....	58
<b>PRE-NATAL VITAMINS</b> .....	58
<b>PSYCHOTHERAPEUTIC DRUGS</b> .....	59
<b>SEDATIVE/HYPNOTICS</b> .....	62
<b>SKIN PREPS</b> .....	62
<b>SMOKING DETERRENTS</b> .....	65
<b>THYROID PREPS</b> .....	65
<b>UNCLASSIFIED DRUG PRODUCTS</b> .....	66
<b>VITAMINS</b> .....	68



**National Drug List  
Closed Formulary**

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ANALGESICS</b>		
acetaminophen-caff-dihydrocod oral capsule	1	QL
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	QL
acetaminophen-codeine oral tablet 300-15 mg	1	
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1	QL
almotriptan malate oral tablet	1	QL
ascomp with codeine oral capsule	1	
aspirin-caffeine-dihydrocodoin oral capsule	1	
belladonna alkaloids-opium rectal suppository	1	
belladonna-opium rectal suppository	1	
buprenorphine hcl injection solution	1	
buprenorphine hcl injection syringe	1	
butalbital compound w/codeine oral capsule	1	
butalbital-acetaminop-caff oral capsule	1	QL
butalbital-acetaminophen oral tablet	1	
butalbital-acetaminophen-caff oral capsule	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
butorphanol tartrate injection solution	1	
butorphanol tartrate nasal spray,non-aerosol	1	QL
capacet oral capsule	1	
carisoprodol-asa-codeine oral tablet	1	
choline,magnesium salicylate oral liquid	1	
clonidine (pf) epidural solution	1	
codeine sulfate oral tablet	1	
codeine-butalbital-asa-caff oral capsule	1	
demerol (pf) injection solution 100 mg/ml	1	
diclofenac potassium oral tablet	1	
diflunisal oral tablet	1	
dihydroergotamine injection solution	1	PA
dihydroergotamine nasal spray,non-aerosol	1	QL
diskets oral tablet,soluble	1	QL
duramorph (pf) injection solution	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
fentanyl citrate (pf) injection solution	1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
fentanyl citrate buccal lozenge on a handle	1	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
frovatriptan oral tablet	1	ST; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)	1	QL

Brand name drug = Uppercase in bold type  
 Generic drug = Lowercase in plain type  
 PA = Prior Authorization Required  
 ST = Step Therapy Required  
 QL = Quantity Limit  
 DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	1	
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL
hydromorphone (pf) injection solution	1	
hydromorphone injection solution	1	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone oral liquid	1	
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr	1	PA; QL
hydromorphone rectal suppository	1	
ibuprofen-oxycodone oral tablet	1	QL
isometh-dichloral-acetaminophen oral capsule	1	
isomethepten-caf-acetaminophen oral tablet 65-20-325 mg	1	
ketorolac injection cartridge	1	QL
ketorolac injection solution	1	QL
ketorolac injection syringe 15 mg/ml	1	
ketorolac injection syringe 30 mg/ml	1	QL
ketorolac intramuscular solution	1	QL
ketorolac intramuscular syringe	1	QL
ketorolac oral tablet	1	QL
levorphanol tartrate oral tablet	1	PA
lorcet (hydrocodone) oral tablet	1	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
lorcet hd oral tablet	1	QL
lorcet plus oral tablet 7.5-325 mg	1	QL
loratab 10-325 oral tablet	1	QL
loratab 5-325 oral tablet	1	QL
loratab 7.5-325 oral tablet	1	QL
margesic oral capsule	1	
marten-tab oral tablet	1	
mefenamic acid oral capsule	1	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
meperidine injection cartridge	1	
meperidine oral solution	1	
meperidine oral tablet	1	
methadone injection solution	1	PA; QL
methadone intensol oral concentrate	1	PA; QL
methadone oral concentrate	1	PA; QL
methadone oral solution	1	PA; QL
methadone oral tablet	1	PA; QL
methadone oral tablet, soluble	1	PA; QL
methadose oral concentrate	1	QL
methadose oral tablet, soluble	1	QL
migergot rectal suppository	1	
morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml	1	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine (pf) intravenous patient control. analgesia soln	1	
morphine concentrate oral solution	1	
morphine injection solution 15 mg/ml, 8 mg/ml	1	
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	
morphine intravenous cartridge 10 mg/ml, 15 mg/ml, 2 mg/ml, 4 mg/ml	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
morphine intravenous pt controlled analgesia syring	1	
morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 50 mg/ml	1	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	
morphine oral capsule, er multiphase 24 hr	1	PA; QL
morphine oral capsule,extend.release pellets	1	PA; QL
morphine oral solution	1	
morphine oral tablet	1	
morphine oral tablet extended release	1	PA; QL
morphine rectal suppository	1	
nalbuphine injection solution	1	
naratriptan oral tablet	1	QL
nodolor oral capsule	1	
oxycodone oral capsule	1	
oxycodone oral concentrate	1	
oxycodone oral solution	1	
oxycodone oral tablet	1	
oxycodone-acetaminophen oral solution	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin oral tablet	1	QL
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR</b>	2	PA; QL
oxymorphone oral tablet	1	QL
oxymorphone oral tablet extended release 12 hr	1	PA; QL
pentazocine-naloxone oral tablet	1	
<b>RELPAK ORAL TABLET</b>	2	QL
reprexain oral tablet 10-200 mg, 2.5-200 mg	1	
reprexain oral tablet 5-200 mg	1	QL

Drug Name	Tier	Notes
rizatriptan oral tablet	1	QL
rizatriptan oral tablet,disintegrating	1	QL
sumatriptan nasal spray,non-aerosol	1	QL
sumatriptan succinate oral tablet	1	QL
sumatriptan succinate subcutaneous cartridge	1	QL
sumatriptan succinate subcutaneous pen injector	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL
tencon oral tablet 50-325 mg	1	
tramadol oral tablet	1	QL
tramadol oral tablet extended release 24 hr	1	PA; QL
tramadol oral tablet, er multiphase 24 hr	1	PA; QL
tramadol-acetaminophen oral tablet	1	QL
verdrocet oral tablet	1	
vicodin es oral tablet	1	QL
vicodin hp oral tablet	1	QL
vicodin oral tablet	1	QL
xylon 10 oral tablet	1	
zamicet oral solution	1	QL
zebutal oral capsule 50-325-40 mg	1	
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet,disintegrating	1	QL
<b>ANESTHETICS</b>		
bupivacaine (pf) injection solution	1	
bupivacaine injection solution	1	
bupivacaine-dextrose-water(pf) injection solution	1	
bupivacaine-epinephrine (pf) injection solution	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
bupivacaine-epinephrine injection solution	1	
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	1	
cocaine topical solution	1	
dermacinrx prizopak topical kit	1	
etomidate intravenous solution	1	
forane inhalation liquid	1	
glydo mucous membrane jelly in applicator	1	
isoflurane inhalation liquid	1	
ketamine injection solution	1	
lidocaine (pf) in d7.5w intrathecal solution	1	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal solution	1	
lidocaine hcl mucous membrane gel	1	
lidocaine hcl mucous membrane jelly in applicator	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated	1	
lidocaine topical ointment	1	
lidocaine viscous mucous membrane solution	1	
lidocaine-epinephrine (pf) injection solution	1	
lidocaine-epinephrine injection solution	1	
lidocaine-prilocaine topical cream	1	
lidocaine-prilocaine topical kit	1	
lidopril topical kit	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
lta pre-attached laryngotracheal solution	1	
marcaine (pf) injection solution 0.75 % (7.5 mg/ml)	1	
midazolam (pf) injection cartridge	1	
midazolam (pf) injection solution	1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1	
midazolam injection solution	1	
phenazopyridine oral tablet 100 mg, 200 mg	1	
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf injection solution	1	
propofol intravenous emulsion	1	
relador pak plus topical kit	1	
ropivacaine (pf) injection solution	1	
sensorcaine injection solution 0.5 % (5 mg/ml)	1	
sensorcaine/epinephrine injection solution	1	
sevoflurane inhalation liquid	1	
terrell inhalation liquid	1	
tetracaine hcl (pf) injection solution	1	
xylocaine dental-epinephrine injection cartridge	1	
<b>ANTIALLERGY</b>		
cromolyn oral concentrate	1	
<b>ANTIARTHRITICS</b>		
allopurinol oral tablet	1	
aloprim intravenous recon soln	1	
celecoxib oral capsule	1	ST; QL
diclofenac sodium oral tablet extended release 24 hr	1	
diclofenac sodium oral tablet,delayed release (dr/ec)	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	1	ST
<b>ENBREL SUBCUTANEOUS RECON SOLN</b>	2	PA; QL
<b>ENBREL SUBCUTANEOUS SYRINGE</b>	2	PA; QL
<b>ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR</b>	2	PA; QL
etodolac oral capsule	1	
etodolac oral tablet	1	
etodolac oral tablet extended release 24 hr	1	
fenoprofen oral tablet	1	ST
flurbiprofen oral tablet	1	
<b>HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT</b>	2	PA; QL
<b>HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT</b>	2	PA; QL
<b>HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT</b>	2	PA; QL
<b>HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT</b>	2	PA; QL
<b>HUMIRA SUBCUTANEOUS SYRINGE KIT</b>	2	PA; QL
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	
ketoprofen oral capsule	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
leflunomide oral tablet	1	
meclofenamate oral capsule	1	

Drug Name	Tier	Notes
meloxicam oral suspension	1	QL
meloxicam oral tablet	1	QL
<b>MONOVISC INTRA-ARTICULAR SYRINGE</b>	2	PA; QL
nabumetone oral tablet	1	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	
<b>ORTHOVISC INTRA-ARTICULAR SYRINGE</b>	2	PA; QL
oxaprozin oral tablet	1	
piroxicam oral capsule	1	
probenecid oral tablet	1	
probenecid-colchicine oral tablet	1	
<b>RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR</b>	2	PA; QL
<b>RIDAURA ORAL CAPSULE</b>	2	
salsalate oral tablet	1	
<b>SIMPONI ARIA INTRAVENOUS SOLUTION</b>	2	PA
<b>SIMPONI SUBCUTANEOUS PEN INJECTOR</b>	2	PA; QL
<b>SIMPONI SUBCUTANEOUS SYRINGE</b>	2	PA; QL
sulindac oral tablet	1	
<b>SYNVISC INTRA-ARTICULAR SYRINGE</b>	2	PA; QL
<b>SYNVISC-ONE INTRA-ARTICULAR SYRINGE</b>	2	PA; QL
tolmetin oral capsule	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

DO = Dose Optimization Limit

Drug Name	Tier	Notes
tolmetin oral tablet	1	
<b>ANTIASTHMATICS</b>		
acetylcysteine solution	1	
<b>ADVAIR DISKUS INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>ADVAIR HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
albuterol sulfate oral tablet extended release 12 hr	1	
aminophylline intravenous solution 250 mg/10 ml	1	
<b>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>ASMANEX HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)</b>	2	QL
<b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)</b>	2	
<b>ATROVENT HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	QL

Drug Name	Tier	Notes
budesonide inhalation suspension for nebulization	1	QL
<b>COMBIVENT RESPIMAT INHALATION MIST</b>	2	QL
<b>DULERA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML</b>	2	
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE</b>	2	QL
ipratropium bromide inhalation solution	1	QL
ipratropium-albuterol inhalation solution for nebulization	1	
levalbuterol hcl inhalation solution for nebulization	1	
metaproterenol oral syrup	1	
metaproterenol oral tablet	1	
montelukast oral granules in packet	1	QL
montelukast oral tablet	1	QL
montelukast oral tablet, chewable	1	QL
<b>PERFORMIST INHALATION SOLUTION FOR NEBULIZATION</b>	2	QL
<b>PROAIR HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED</b>	2	QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED</b>	2	QL
<b>QVAR INHALATION AEROSOL</b>	2	QL
<b>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>SPIRIVA RESPIMAT INHALATION MIST</b>	2	QL
<b>SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>	2	QL
<b>STIOLTO RESPIMAT INHALATION MIST</b>	2	QL
<b>SYMBICORT INHALATION HFA AEROSOL INHALER</b>	2	QL
terbutaline oral tablet	1	
terbutaline subcutaneous solution	1	
<b>THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	2	
theochron oral tablet extended release 12 hr	1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml	1	
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
<b>VENTOLIN HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
zafirlukast oral tablet	1	

Drug Name	Tier	Notes
<b>ANTIBIOTICS</b>		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule	1	
ampicillin oral suspension for reconstitution	1	
ampicillin sodium injection recon soln	1	
ampicillin sodium intravenous recon soln	1	
ampicillin-sulbactam injection recon soln	1	
ampicillin-sulbactam intravenous recon soln	1	
<b>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</b>	2	
avidoxy oral tablet	1	
<b>AZASITE OPHTHALMIC DROPS</b>	2	
azithromycin intravenous recon soln	1	
azithromycin oral packet	1	QL
azithromycin oral suspension for reconstitution	1	QL
azithromycin oral tablet	1	QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
aztreonam injection recon soln	1	
azuphen mb oral capsule	1	
baciim intramuscular recon soln	1	
bacitracin intramuscular recon soln	1	
bacitracin ophthalmic ointment	1	
bacitracin-polymyxin b ophthalmic ointment	1	
<b>BACTROBAN NASAL NASAL OINTMENT</b>	2	
bp 10-1 topical cleanser	1	
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
cefazolin injection recon soln	1	
cefazolin intravenous recon soln	1	
cefdinir oral capsule	1	
cefdinir oral suspension for reconstitution	1	
cefditoren pivoxil oral tablet	1	
cefepime in dextrose,iso-osm intravenous piggyback	1	
cefepime injection recon soln	1	
cefixime oral suspension for reconstitution	1	
cefotaxime injection recon soln	1	
cefotetan injection recon soln	1	

Drug Name	Tier	Notes
cefotetan intravenous recon soln	1	
cefoxitin in dextrose, iso-osm intravenous piggyback	1	
cefoxitin intravenous recon soln	1	
cefpodoxime oral suspension for reconstitution	1	
cefpodoxime oral tablet	1	
cefprozil oral suspension for reconstitution	1	
cefprozil oral tablet	1	
ceftazidime injection recon soln	1	
ceftibuten oral capsule	1	
ceftibuten oral suspension for reconstitution	1	
ceftriaxone in dextrose,iso-os intravenous piggyback	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
ceftriaxone intravenous recon soln	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	1	
cefuroxime sodium intravenous recon soln	1	
cephalexin oral capsule	1	
cephalexin oral suspension for reconstitution	1	
cephalexin oral tablet	1	
chloramphenicol sod succinate intravenous recon soln	1	
<b>CIPRODEX OTIC DROPS,SUSPENSION</b>	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr	1	
ciprofloxacin hcl ophthalmic drops	1	
ciprofloxacin hcl oral tablet	1	QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
ciprofloxacin hcl otic dropperette	1	
ciprofloxacin in 5 % dextrose intravenous piggyback	1	
ciprofloxacin lactate intravenous solution	1	
ciprofloxacin oral suspension,microcapsule recon	1	QL
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	
clarithromycin oral tablet extended release 24 hr	1	
cleansing wash topical cleanser	1	
cleocin intravenous solution 300 mg/2 ml	1	
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	2	
clindamycin hcl oral capsule	1	
clindamycin in 5 % dextrose intravenous piggyback	1	
clindamycin palmitate hcl oral recon soln	1	
clindamycin pediatric oral recon soln	1	
clindamycin phosphate injection solution	1	
clindamycin phosphate intravenous solution	1	
clindamycin phosphate topical foam	1	
clindamycin phosphate topical gel	1	
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin phosphate vaginal cream	1	
colistin (colistimethate na) injection recon soln	1	

Drug Name	Tier	Notes
dapsone oral tablet	1	
daptomycin intravenous recon soln	1	
demeclocycline oral tablet	1	
dicloxacillin oral capsule	1	
doxy-100 intravenous recon soln	1	
doxycycline hyclate intravenous recon soln	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg	1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
e.e.s. 400 oral tablet	1	
ery pads topical swab	1	
erygel topical gel	1	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin ophthalmic ointment	1	
erythromycin oral capsule,delayed release(dr/ec)	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
erythromycin oral tablet	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
erythromycin with ethanol topical swab	1	
erythromycin-benzoyl peroxide topical gel	1	
ethambutol oral tablet	1	
floxin otic drops	1	
gatifloxacin ophthalmic drops	1	
gentak ophthalmic ointment	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1	
gentamicin injection solution	1	
gentamicin ophthalmic drops	1	
gentamicin ophthalmic ointment	1	
gentamicin sulfate (ped) (pf) injection solution	1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	1	
gentamicin topical cream	1	
gentamicin topical ointment	1	
hyolev mb oral tablet	1	
hyophen oral tablet	1	
imipenem-cilastatin intravenous recon soln	1	
isoniazid injection solution	1	
isoniazid oral solution	1	
isoniazid oral tablet	1	
levofloxacin in d5w intravenous piggyback	1	
levofloxacin intravenous solution	1	
levofloxacin ophthalmic drops	1	
levofloxacin oral tablet	1	QL

Drug Name	Tier	Notes
lincomycin injection solution	1	
linezolid intravenous parenteral solution	1	
linezolid oral suspension for reconstitution	1	PA; QL
linezolid oral tablet	1	PA; QL
linezolid-0.9% sodium chloride intravenous parenteral solution	1	
meropenem intravenous recon soln	1	
methenamine hippurate oral tablet	1	
methenamine mandelate oral tablet	1	
methen-sod phos-meth blue-hyos oral tablet	1	
metro i.v. intravenous piggyback	1	
metronidazole in nacl (iso-os) intravenous piggyback	1	
metronidazole oral capsule	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
minocycline oral capsule	1	ST
minocycline oral tablet	1	ST
minocycline oral tablet extended release 24 hr	1	ST
mondoxyne nl oral capsule	1	
morgidox oral capsule	1	
<b>MOXEZA OPHTHALMIC DROPS, VISCOUS</b>	2	
moxifloxacin oral tablet	1	QL
mupirocin calcium topical cream	1	
mupirocin topical ointment	1	
nafcillin in dextrose iso-osm intravenous piggyback	1	
nafcillin injection recon soln	1	
nafcillin intravenous recon soln	1	
neomycin oral tablet	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
neomycin-bacitracin-poly-hc ophthalmic ointment	1	
neomycin-bacitracin-polymyxin ophthalmic ointment	1	
neomycin-polymyxin b-dexameth ophthalmic drops,suspension	1	
neomycin-polymyxin b-dexameth ophthalmic ointment	1	
neomycin-polymyxin-gramicidin ophthalmic drops	1	
neomycin-polymyxin-hc ophthalmic drops,suspension	1	
neomycin-polymyxin-hc otic drops,suspension	1	
neomycin-polymyxin-hc otic solution	1	
neo-polycin hc ophthalmic ointment	1	
neo-polycin ophthalmic ointment	1	
nitrofurantoin macrocrystal oral capsule	1	
nitrofurantoin monohyd/m-cryst oral capsule	1	
nitrofurantoin oral suspension	1	
ofloxacin ophthalmic drops	1	
ofloxacin oral tablet 400 mg	1	QL
ofloxacin otic drops	1	
oxacillin in dextrose(iso-osm) intravenous piggyback	1	
oxacillin injection recon soln	1	
oxacillin intravenous recon soln	1	
penicillin g potassium injection recon soln	1	
penicillin g procaine intramuscular syringe	1	
penicillin g sodium injection recon soln	1	

Drug Name	Tier	Notes
penicillin v potassium oral recon soln	1	
penicillin v potassium oral tablet	1	
pfizerpen-g injection recon soln	1	
phosphasal oral tablet	1	
piperacillin-tazobactam intravenous recon soln	1	
polycin ophthalmic ointment	1	
polymyxin b sulfate injection recon soln	1	
polymyxin b sulf-trimethoprim ophthalmic drops	1	
<b>PRIFTIN ORAL TABLET</b>	2	
pyrazinamide oral tablet	1	
rifabutin oral capsule	1	
rifampin intravenous recon soln	1	
rifampin oral capsule	1	
<b>RIFATER ORAL TABLET</b>	2	
silver sulfadiazine topical cream	1	
ssd topical cream	1	
sss 10-5 topical foam	1	
sulfacetamide sodium ophthalmic drops	1	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %, 9-4.5 %	1	PA
sulfacetamide sodium-sulfur topical cream 10-2 %	1	PA
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical foam	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
sulfacetamide sodium-sulfur topical lotion	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	PA
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1	PA
sulfacetamide sod-sulfur-urea topical cleanser	1	
sulfacetamide-prednisolone ophthalmic drops	1	
sulfacetamide-sulfur-cleansr23 topical kit	1	PA
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream	1	
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim intravenous solution	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim oral suspension	1	
tetracycline oral capsule	1	
<b>THALOMID ORAL CAPSULE</b>	2	PA; QL
thermazene topical cream	1	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	2	
tobramycin in 0.225 % nacl inhalation solution for nebulization	1	
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1	
tobramycin ophthalmic drops	1	
tobramycin sulfate injection recon soln	1	
tobramycin sulfate injection solution	1	

Drug Name	Tier	Notes
tobramycin-dexamethasone ophthalmic drops,suspension	1	
trimethoprim oral tablet	1	
ur n-c oral tablet	1	
uramit mb oral capsule	1	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	
urimar-t oral tablet	1	
urin ds oral tablet	1	
uro-458 oral tablet	1	
urogesic-blue oral tablet	1	
urolet mb oral tablet	1	
uro-mp oral capsule	1	
urophen mb oral tablet	1	
uryl oral tablet	1	
ustell oral capsule	1	
utira-c oral tablet	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	1	PA
vancomycin oral capsule	1	PA
vandazole vaginal gel	1	
<b>VIGAMOX OPHTHALMIC DROPS</b>	2	
<b>ZYLET OPHTHALMIC DROPS,SUSPENSION</b>	2	
<b>ANTICOAGULANTS</b>		
<b>COUMADIN ORAL TABLET</b>	2	
<b>ELIQUIS ORAL TABLET</b>	2	QL
enoxaparin subcutaneous solution	1	
enoxaparin subcutaneous syringe	1	
fondaparinux subcutaneous syringe	1	
<b>FRAGMIN SUBCUTANEOUS SOLUTION</b>	2	
<b>FRAGMIN SUBCUTANEOUS SYRINGE</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
hep flush-10 (pf) intravenous solution	1	
heparin (porcine) in 5 % dex intravenous parenteral solution	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	
heparin flush intravenous kit	1	
heparin flush(porcine)-0.9nacl intravenous kit	1	
heparin lock flush (porcine) intravenous solution	1	
heparin lock flush (porcine) intravenous syringe	1	
heparin lock flush intravenous solution	1	
heparin lock flush intravenous syringe	1	
heparin lock intravenous solution	1	
heparin lockflush(porcine)(pf) intravenous syringe	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution	1	
heparin, porcine (pf) injection syringe	1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe	1	
<b>IPRIVASK SUBCUTANEOUS RECON SOLN</b>	2	

Drug Name	Tier	Notes
jantoven oral tablet	1	
monoject prefill (pf) intravenous syringe	1	
<b>PRADAXA ORAL CAPSULE</b>	2	QL
<b>SAVAYSA ORAL TABLET</b>	2	QL
warfarin oral tablet	1	
<b>XARELTO ORAL TABLET</b>	2	QL
<b>XARELTO ORAL TABLETS,DOSE PACK</b>	2	
<b>ANTIDOTES</b>		
naloxone injection solution	1	QL
naloxone injection syringe	1	QL
naltrexone oral tablet	1	
<b>NARCAN NASAL SPRAY,NON-AEROSOL</b>	2	QL
<b>ANTIFUNGALS</b>		
amphotericin b injection recon soln	1	
ciclopirox topical cream	1	
ciclopirox topical gel	1	
ciclopirox topical shampoo	1	
ciclopirox topical solution	1	
ciclopirox topical suspension	1	
clotrimazole mucous membrane troche	1	QL
clotrimazole topical cream	1	
clotrimazole topical solution	1	
clotrimazole-betamethasone topical cream	1	
clotrimazole-betamethasone topical lotion	1	
econazole topical cream	1	
fluconazole in dextrose(iso-o) intravenous piggyback	1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
fluconazole oral suspension for reconstitution 10 mg/ml	1	QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
fluconazole oral suspension for reconstitution 40 mg/ml	1	
fluconazole oral tablet	1	QL
flucytosine oral capsule	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
itraconazole oral capsule	1	PA; QL
ketoconazole oral tablet	1	QL
ketoconazole topical cream	1	
ketoconazole topical foam	1	
ketoconazole topical shampoo	1	
miconazole-3 vaginal suppository	1	
naftifine topical cream 2 %	1	
nyamyc topical powder	1	
nystatin oral suspension	1	
nystatin oral tablet	1	
nystatin topical cream	1	
nystatin topical ointment	1	
nystatin topical powder	1	
nystatin-triamcinolone topical cream	1	
nystatin-triamcinolone topical ointment	1	
nystop topical powder	1	
oxiconazole topical cream	1	
terbinafine hcl oral tablet	1	QL
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
voriconazole intravenous solution	1	
voriconazole oral suspension for reconstitution	1	PA; QL
voriconazole oral tablet	1	PA; QL

Drug Name	Tier	Notes
<b>ANTI-HISTAMINE AND DECONGESTANT COMBINATION</b>		
centergy oral drops	1	
promethazine vc oral syrup	1	
promethazine-phenylephrine oral syrup	1	
<b>ANTI-HISTAMINES</b>		
arbinoxa oral liquid	1	
arbinoxa oral tablet	1	
azelastine ophthalmic drops	1	QL
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet	1	
cetirizine oral solution 1 mg/ml	1	QL
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral tablet	1	
desloratadine oral tablet	1	QL
desloratadine oral tablet, disintegrating	1	QL
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl injection syringe	1	
diphenhydramine hcl oral capsule 50 mg	1	
diphenhydramine hcl oral elixir	1	
epinastine ophthalmic drops	1	QL
hydroxyzine hcl intramuscular solution	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	
levocetirizine oral solution	1	QL
levocetirizine oral tablet	1	QL
olopatadine ophthalmic drops	1	ST; QL
promethazine injection solution	1	
promethazine oral syrup	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
promethazine oral tablet	1	
<b>ANTIHYPERTENSIVES</b>		
acarbose oral tablet	1	
<b>ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR</b>	2	ST; QL
<b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>	2	ST
<b>BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON</b>	2	ST; QL
<b>BYETTA SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
chlorpropamide oral tablet	1	PA
glimepiride oral tablet	1	
glipizide oral tablet	1	
glipizide oral tablet extended release 24hr	1	
glipizide-metformin oral tablet	1	
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
glyburide-metformin oral tablet	1	
<b>HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION</b>	2	
<b>HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION</b>	2	

Drug Name	Tier	Notes
<b>HUMALOG SUBCUTANEOUS CARTRIDGE</b>	2	
<b>HUMALOG SUBCUTANEOUS SOLUTION</b>	2	
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	2	
<b>HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	2	
<b>HUMULIN R INJECTION SOLUTION</b>	2	
<b>HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	2	
<b>JANUMET ORAL TABLET</b>	2	ST; DO; QL
<b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR</b>	2	ST; DO; QL
<b>JANUVIA ORAL TABLET</b>	2	ST; DO; QL
<b>JARDIANCE ORAL TABLET</b>	2	ST; QL
<b>JENTADUETO ORAL TABLET</b>	2	ST; DO; QL
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR</b>	2	ST; DO; QL
<b>LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>LANTUS</b> SUBCUTANEOUS SOLUTION	2	
<b>LEVEMIR FLEXTOUCH</b> SUBCUTANEOUS INSULIN PEN	2	
<b>LEVEMIR</b> SUBCUTANEOUS SOLUTION	2	
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24hr	1	
miglitol oral tablet	1	
nateglinide oral tablet	1	
<b>NOVOLIN 70/30</b> SUBCUTANEOUS SUSPENSION	2	
<b>NOVOLIN N</b> SUBCUTANEOUS SUSPENSION	2	
<b>NOVOLIN R INJECTION</b> SOLUTION	2	
<b>NOVOLOG FLEXPEN</b> SUBCUTANEOUS INSULIN PEN	2	
<b>NOVOLOG MIX 70-30</b> FLEXPEN SUBCUTANEOUS INSULIN PEN	2	
<b>NOVOLOG MIX 70-30</b> SUBCUTANEOUS SOLUTION	2	
<b>NOVOLOG PENFILL</b> SUBCUTANEOUS CARTRIDGE	2	
<b>NOVOLOG</b> SUBCUTANEOUS SOLUTION	2	
pioglitazone oral tablet	1	ST; QL
pioglitazone-glimepiride oral tablet	1	ST; QL
pioglitazone-metformin oral tablet	1	ST; QL
repaglinide oral tablet	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
repaglinide-metformin oral tablet	1	
<b>SYMLINPEN 120</b> SUBCUTANEOUS PEN INJECTOR	2	
<b>SYMLINPEN 60</b> SUBCUTANEOUS PEN INJECTOR	2	
<b>SYNJARDY ORAL</b> TABLET	2	ST; QL
tolazamide oral tablet	1	
tolbutamide oral tablet	1	
<b>TOUJEO SOLOSTAR</b> SUBCUTANEOUS INSULIN PEN	2	
<b>TRADJENTA ORAL</b> TABLET	2	ST; DO
<b>TRULICITY</b> SUBCUTANEOUS PEN INJECTOR	2	ST; QL
<b>VICTOZA 2-PAK</b> SUBCUTANEOUS PEN INJECTOR	2	ST; QL
<b>VICTOZA 3-PAK</b> SUBCUTANEOUS PEN INJECTOR	2	ST; QL
<b>ANTIINFECTIVES/MISC ELLANEOUS</b>		
atovaquone oral suspension	1	
atovaquone-proguanil oral tablet	1	
chloroquine phosphate oral tablet	1	
fem ph vaginal gel	1	
formadon topical solution	1	
formadon topical solution with applicator	1	
formaldehyde topical solution with applicator	1	
<b>GLUTARALDEHYDE</b> SOLUTION	2	
glycine irrigation solution	1	
glycine urologic irrigation solution	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
hydroxychloroquine oral tablet	1	
ivermectin oral tablet	1	
mefloquine oral tablet	1	
<b>NEBUPENT INHALATION RECON SOLN</b>	2	
paromomycin oral capsule	1	
<b>PENTAM INJECTION RECON SOLN</b>	2	
<b>PRIMAQUINE ORAL TABLET</b>	2	
quinine sulfate oral capsule	1	PA; QL
tinidazole oral tablet	1	
<b>ANTINEOPLASTICS</b>		
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	2	PA
adrucil intravenous solution	1	
<b>AFINITOR ORAL TABLET</b>	2	PA
<b>ALIMTA INTRAVENOUS RECON SOLN</b>	2	PA
<b>ALKERAN ORAL TABLET</b>	2	
anastrozole oral tablet	1	QL
<b>ARRANON INTRAVENOUS SOLUTION</b>	2	
<b>AVASTIN INTRAVENOUS SOLUTION</b>	2	PA
azacitidine injection recon soln	1	QL
bexarotene oral capsule	1	PA; QL
bicalutamide oral tablet	1	
bleo 15k injection recon soln	1	
bleomycin injection recon soln	1	
<b>BOSULIF ORAL TABLET</b>	2	PA; QL
capecitabine oral tablet	1	PA; QL
<b>CAPRELSA ORAL TABLET</b>	2	PA; QL

Drug Name	Tier	Notes
<b>CARAC TOPICAL CREAM</b>	2	PA; QL
carboplatin intravenous recon soln	1	
carboplatin intravenous solution	1	
cisplatin intravenous solution	1	
cladribine intravenous solution	1	
cyclophosphamide intravenous recon soln	1	
cytarabine (pf) injection solution	1	
cytarabine injection solution	1	
dacarbazine intravenous recon soln	1	
daunorubicin intravenous recon soln	1	
daunorubicin intravenous solution	1	
decitabine intravenous recon soln	1	
diclofenac sodium topical gel 3 %	1	QL
docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1	PA
doxorubicin intravenous recon soln	1	
doxorubicin intravenous solution	1	
doxorubicin, peg-liposomal intravenous suspension	1	PA
<b>ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE</b>	2	PA; QL
<b>ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE</b>	2	PA; QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE</b>	2	PA; QL
<b>ELIGARD SUBCUTANEOUS SYRINGE</b>	2	PA; QL
<b>EMCYT ORAL CAPSULE</b>	2	PA
epirubicin intravenous recon soln	1	
epirubicin intravenous solution	1	
<b>ERBITUX INTRAVENOUS SOLUTION</b>	2	PA
<b>ERIVEDGE ORAL CAPSULE</b>	2	PA; QL
etoposide intravenous solution	1	
etoposide oral capsule	1	
exemestane oral tablet	1	QL
<b>FARESTON ORAL TABLET</b>	2	QL
<b>FASLODEX INTRAMUSCULAR SYRINGE</b>	2	
floxuridine injection recon soln	1	
fludarabine intravenous recon soln	1	
fludarabine intravenous solution	1	
fluorouracil intravenous solution	1	
fluorouracil topical cream 5 %	1	PA; QL
fluorouracil topical solution	1	PA; QL
flutamide oral capsule	1	
gemcitabine intravenous recon soln	1	
gemcitabine intravenous solution	1	
<b>HEXALEN ORAL CAPSULE</b>	2	PA
<b>HYCAMTIN ORAL CAPSULE</b>	2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
hydroxyurea oral capsule	1	
<b>ICLUSIG ORAL TABLET</b>	2	PA; QL
idarubicin intravenous solution	1	
ifosfamide intravenous recon soln	1	
ifosfamide intravenous solution	1	
ifosfamide-mesna intravenous kit	1	
imatinib oral tablet	1	PA; QL
<b>INLYTA ORAL TABLET</b>	2	PA; QL
<b>INTRON A INJECTION RECON SOLN</b>	2	PA
<b>INTRON A INJECTION SOLUTION</b>	2	PA
<b>IRESSA ORAL TABLET</b>	2	PA; QL
irinotecan intravenous solution	1	
<b>IXEMPRA INTRAVENOUS RECON SOLN</b>	2	PA
<b>JAKAFI ORAL TABLET</b>	2	PA; QL
<b>KYPROLIS INTRAVENOUS RECON SOLN</b>	2	PA
letrozole oral tablet	1	QL
<b>LEUKERAN ORAL TABLET</b>	2	
leuprolide subcutaneous kit	1	PA
lipodox 50 intravenous suspension	1	PA
lipodox intravenous suspension	1	PA
<b>LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG</b>	2	PA; QL
<b>LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT</b>	2	PA; QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
<b>LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT</b>	2	PA; QL
<b>LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG</b>	2	PA; QL
<b>LYSODREN ORAL TABLET</b>	2	QL
<b>MATULANE ORAL CAPSULE</b>	2	
megestrol oral tablet	1	
melphalan hcl intravenous recon soln	1	
mercaptopurine oral tablet	1	
methotrexate sodium (pf) injection recon soln	1	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral tablet	1	
mitomycin intravenous recon soln	1	
mitoxantrone intravenous concentrate	1	
<b>MYLERAN ORAL TABLET</b>	2	
<b>NEXAVAR ORAL TABLET</b>	2	PA; QL
nilutamide oral tablet	1	QL
<b>NIPENT INTRAVENOUS RECON SOLN</b>	2	
oxaliplatin intravenous recon soln	1	
oxaliplatin intravenous solution	1	
paclitaxel intravenous concentrate	1	
<b>PERJETA INTRAVENOUS SOLUTION</b>	2	PA
<b>PROLEUKIN INTRAVENOUS RECON SOLN</b>	2	

Drug Name	Tier	Notes
<b>REVLIMID ORAL CAPSULE</b>	2	PA; QL
<b>RITUXAN INTRAVENOUS CONCENTRATE</b>	2	PA
<b>SOLTAMOX ORAL SOLUTION</b>	2	
<b>SPRYCEL ORAL TABLET</b>	2	PA; QL
<b>STIVARGA ORAL TABLET</b>	2	PA; QL
<b>SUTENT ORAL CAPSULE</b>	2	PA; QL
<b>TABLOID ORAL TABLET</b>	2	
tamoxifen oral tablet	1	
<b>TARCEVA ORAL TABLET</b>	2	PA; QL
<b>TARGRETIN TOPICAL GEL</b>	2	PA
<b>TASIGNA ORAL CAPSULE</b>	2	PA; QL
<b>TEMODAR INTRAVENOUS RECON SOLN</b>	2	PA
temozolomide oral capsule	1	PA; QL
thiotepa injection recon soln	1	
toposar intravenous solution	1	
topotecan intravenous recon soln	1	
topotecan intravenous solution	1	
<b>TORISEL INTRAVENOUS RECON SOLN</b>	2	
<b>TRELSTAR DEPOT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	2	
<b>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	2	
<b>TRELSTAR INTRAMUSCULAR SYRINGE</b>	2	PA; QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
<b>TRELSTAR LA INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	2	
tretinoin (chemotherapy) oral capsule	1	
<b>TREXALL ORAL TABLET</b>	2	
<b>TYKERB ORAL TABLET</b>	2	PA; QL
<b>VALSTAR INTRAVESICAL SOLUTION</b>	2	
<b>VANTAS IMPLANT KIT</b>	2	PA
<b>VECTIBIX INTRAVENOUS SOLUTION</b>	2	PA
vinblastine intravenous solution	1	
vincasar pfs intravenous solution	1	
vincristine intravenous solution	1	
vinorelbine intravenous solution	1	
<b>VOTRIENT ORAL TABLET</b>	2	PA; QL
<b>XALKORI ORAL CAPSULE</b>	2	PA; QL
<b>XTANDI ORAL CAPSULE</b>	2	PA; QL
<b>ZALTRAP INTRAVENOUS SOLUTION</b>	2	PA
<b>ZELBORAF ORAL TABLET</b>	2	PA; QL
<b>ZOLADEX SUBCUTANEOUS IMPLANT</b>	2	PA; QL
<b>ZOLINZA ORAL CAPSULE</b>	2	PA; QL
<b>ZYTIGA ORAL TABLET</b>	2	PA; QL
<b>ANTI-OBESITY DRUGS</b>		
benzphetamine oral tablet 25 mg	1	
benzphetamine oral tablet 50 mg	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
diethylpropion oral tablet	1	PA
diethylpropion oral tablet extended release	1	PA
phendimetrazine tartrate oral capsule, extended release	1	PA
phendimetrazine tartrate oral tablet	1	PA
phentermine oral capsule	1	PA
phentermine oral tablet	1	PA
<b>ANTIPARKINSON DRUGS</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
<b>AZILECT ORAL TABLET</b>	2	
benztropine injection solution	1	
benztropine oral tablet	1	
bromocriptine oral capsule	1	
bromocriptine oral tablet	1	
carbidopa oral tablet	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet, disintegrating	1	
carbidopa-levodopa-entacapone oral tablet	1	
entacapone oral tablet	1	
pramipexole oral tablet	1	QL
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg	1	QL
pramipexole oral tablet extended release 24 hr 3.75 mg	1	ST; QL
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr	1	
selegiline hcl oral capsule	1	

Drug Name	Tier	Notes
selegiline hcl oral tablet	1	
tolcapone oral tablet	1	
trihexyphenidyl oral elixir	1	
trihexyphenidyl oral tablet	1	
<b>ANTIPLATELET DRUGS</b>		
anagrelide oral capsule	1	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1	QL
<b>BRILINTA ORAL TABLET</b>	2	QL
cilostazol oral tablet	1	
clopidogrel oral tablet 300 mg	1	
clopidogrel oral tablet 75 mg	1	QL
dipyridamole oral tablet	1	
<b>EFFIENT ORAL TABLET 10 MG</b>	2	QL
<b>EFFIENT ORAL TABLET 5 MG</b>	2	DO
eptifibatide intravenous solution	1	
ticlopidine oral tablet	1	
<b>ANTIVIRALS</b>		
abacavir oral tablet	1	
abacavir-lamivudine oral tablet	1	
abacavir-lamivudine-zidovudine oral tablet	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous recon soln	1	
acyclovir sodium intravenous solution	1	
acyclovir topical ointment	1	
adefovir oral tablet	1	
<b>APTIVUS ORAL CAPSULE</b>	2	
<b>APTIVUS ORAL SOLUTION</b>	2	

Drug Name	Tier	Notes
<b>ATRIPLA ORAL TABLET</b>	2	
<b>BARACLUDE ORAL SOLUTION</b>	2	
cidofovir intravenous solution	1	
<b>COMPLERA ORAL TABLET</b>	2	
<b>COPEGUS ORAL TABLET</b>	2	
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	2	
<b>DAKLINZA ORAL TABLET</b>	2	PA; QL
didanosine oral capsule, delayed release(dr/ec)	1	
<b>EDURANT ORAL TABLET</b>	2	
<b>EMTRIVA ORAL CAPSULE</b>	2	
<b>EMTRIVA ORAL SOLUTION</b>	2	
entecavir oral tablet	1	
<b>EPCLUSA ORAL TABLET</b>	2	PA; QL
<b>EPIVIR HBV ORAL SOLUTION</b>	2	
famciclovir oral tablet	1	
foscarnet intravenous solution	1	
<b>FUZEON SUBCUTANEOUS RECON SOLN</b>	2	
ganciclovir sodium intravenous recon soln	1	
<b>GENVOYA ORAL TABLET</b>	2	
<b>HARVONI ORAL TABLET</b>	2	PA; QL
<b>INTELENCE ORAL TABLET</b>	2	
<b>INVIRASE ORAL CAPSULE</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>INVIRASE ORAL TABLET</b>	2	
<b>ISENTRESS ORAL TABLET</b>	2	
<b>ISENTRESS ORAL TABLET,CHEWABLE</b>	2	
<b>KALETRA ORAL SOLUTION</b>	2	
<b>KALETRA ORAL TABLET</b>	2	
lamivudine oral solution	1	
lamivudine oral tablet	1	
lamivudine-zidovudine oral tablet	1	
<b>LEXIVA ORAL SUSPENSION</b>	2	
<b>LEXIVA ORAL TABLET</b>	2	
moderiba dose pack oral tablets,dose pack	1	
moderiba oral tablet	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	
nevirapine oral tablet extended release 24 hr	1	
<b>NORVIR ORAL CAPSULE</b>	2	
<b>NORVIR ORAL SOLUTION</b>	2	
<b>NORVIR ORAL TABLET</b>	2	
<b>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR</b>	2	PA; QL
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	2	PA; QL
<b>PEGASYS SUBCUTANEOUS SYRINGE</b>	2	PA; QL
<b>PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT</b>	2	PA
<b>PEGINTRON SUBCUTANEOUS KIT</b>	2	PA
<b>PREZISTA ORAL SUSPENSION</b>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	2	
<b>REBETOL ORAL SOLUTION</b>	2	
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>RESCRIPTOR ORAL TABLET</b>	2	
<b>RESCRIPTOR ORAL TABLET, DISPERSIBLE</b>	2	
<b>RETROVIR INTRAVENOUS SOLUTION</b>	2	
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>	2	
<b>REYATAZ ORAL POWDER IN PACKET</b>	2	
ribasphere oral capsule	1	
ribasphere oral tablet	1	
ribasphere ribapak oral tablets,dose pack	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine oral tablet	1	
<b>SELZENTRY ORAL TABLET</b>	2	
<b>SOVALDI ORAL TABLET</b>	2	PA; QL
stavudine oral capsule	1	
stavudine oral recon soln	1	
<b>STRIBILD ORAL TABLET</b>	2	
<b>SUSTIVA ORAL CAPSULE</b>	2	
<b>SUSTIVA ORAL TABLET</b>	2	
<b>SYNAGIS INTRAMUSCULAR SOLUTION</b>	2	PA
<b>TAMIFLU ORAL CAPSULE</b>	2	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION</b>	2	QL
trifluridine ophthalmic drops	1	
<b>TRIUMEQ ORAL TABLET</b>	2	
<b>TRUVADA ORAL TABLET</b>	2	
valacyclovir oral tablet	1	
valganciclovir oral recon soln	1	
valganciclovir oral tablet	1	
<b>VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN</b>	2	
<b>VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN</b>	2	
<b>VIRACEPT ORAL TABLET</b>	2	
<b>VIREAD ORAL POWDER</b>	2	
<b>VIREAD ORAL TABLET</b>	2	
<b>ZIAGEN ORAL SOLUTION</b>	2	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
<b>AUTONOMIC DRUGS</b>		
<b>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	1	PA
adrenalin injection solution	1	
atracurium intravenous solution	1	
bethanechol chloride oral tablet	1	
cevimeline oral capsule	1	
cisatracurium intravenous solution	1	
dexedrine oral tablet	1	PA
dextroamphetamine oral capsule, extended release	1	PA
dextroamphetamine oral solution	1	PA

Drug Name	Tier	Notes
dextroamphetamine oral tablet	1	PA
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	PA
dextroamphetamine-amphetamine oral tablet	1	PA
donepezil oral tablet	1	
donepezil oral tablet,disintegrating	1	
dopamine in 5 % dextrose intravenous solution	1	
dopamine intravenous solution	1	
enlon injection solution	1	
epinephrine injection auto-injector	1	
epinephrine injection solution	1	
epinephrine injection syringe 0.1 mg/ml	1	
<b>EPIPEN 2-PAK INJECTION AUTO-INJECTOR</b>	2	
<b>EPIPEN INJECTION AUTO-INJECTOR</b>	2	
<b>EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR</b>	2	
galantamine oral capsule,ext rel. pellets 24 hr	1	
galantamine oral solution	1	
galantamine oral tablet	1	
guanidine oral tablet	1	
<b>MESTINON ORAL SYRUP</b>	2	
methamphetamine oral tablet	1	
midodrine oral tablet	1	
neostigmine methylsulfate intravenous solution 0.5 mg/ml	1	
norepinephrine bitartrate intravenous solution	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
norepinephrine bitartrate-nacl intravenous solution 4 mg/250 ml (16 mcg/ml)	1	
pancuronium intravenous solution	1	
phenoxybenzamine oral capsule	1	
phentolamine injection recon soln	1	
physostigmine salicylate injection solution	1	
pilocarpine hcl oral tablet	1	
procentra oral solution	1	
pyridostigmine bromide oral tablet	1	
pyridostigmine bromide oral tablet extended release	1	
regonol injection solution	1	
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
rocuronium intravenous solution	1	
vecuronium bromide intravenous recon soln	1	
zenzedi oral tablet 10 mg, 5 mg	1	ST
<b>BIOLOGICALS</b>		
<b>ACTHIB (PF) INTRAMUSCULAR RECON SOLN</b>	2	
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>AFLURIA 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL

Drug Name	Tier	Notes
<b>AFLURIA 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	QL
<b>AFLURIA QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>BEXSERO (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>BIOTHRAX INTRAMUSCULAR SUSPENSION</b>	2	
<b>BIVIGAM INTRAVENOUS SOLUTION</b>	2	PA
<b>BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION</b>	2	
<b>BOOSTRIX TDAP INTRAMUSCULAR SYRINGE</b>	2	
candin intradermal allergen	1	
<b>CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM</b>	2	PA
<b>CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ENGERIX-B (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>EZ FLU 2016-17 (AFLURIA) (PF) INTRAMUSCULAR SYRINGE KIT</b>	2	QL
<b>EZ FLU 2016-17 (FLUVIRIN) (PF) INTRAMUSCULAR SYRINGE KIT</b>	2	QL
<b>EZ FLU16-17(FLUZON QD PED)(PF) INTRAMUSCULAR SYRINGE KIT</b>	2	QL
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION</b>	2	PA
<b>FLUAD 2016-2017 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLUARIX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLUBLOK 2016-2017 (PF) INTRAMUSCULAR SOLUTION</b>	2	QL
<b>FLUCELVAX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLULAVAL QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLULAVAL QUAD 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	QL
<b>FLUVIRIN 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLUVIRIN 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	QL
<b>FLUZONE HIGH-DOSE 2016-17 (PF) INTRAMUSCULAR SYRINGE</b>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>FLUZONE INTRADERM QUAD 2016-17 INTRADERMAL SYRINGE</b>	2	
<b>FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>FLUZONE QUAD 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	
<b>FLUZONE QUAD PEDI 2016-17 (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>GAMASTAN S/D INTRAMUSCULAR SOLUTION</b>	2	PA
<b>GAMMAGARD LIQUID INJECTION SOLUTION</b>	2	PA
<b>GAMMAGARD S-D (IGA &lt; 1 MCG/ML) INTRAVENOUS RECON SOLN</b>	2	PA
<b>GAMMAKED INJECTION SOLUTION</b>	2	PA
<b>GAMMAPLEX INTRAVENOUS SOLUTION</b>	2	PA
<b>GAMUNEX-C INJECTION SOLUTION</b>	2	PA
<b>GARDASIL (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>GARDASIL (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>HAVRIX (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>HAVRIX (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>HIBERIX (PF) INTRAMUSCULAR RECON SOLN</b>	2	
<b>HIZENTRA SUBCUTANEOUS SOLUTION</b>	2	PA
<b>IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN</b>	2	
<b>INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>IPOL INJECTION SUSPENSION</b>	2	
<b>IXIARO (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>KINRIX (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>KINRIX (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>MENACTRA (PF) INTRAMUSCULAR SOLUTION</b>	2	
<b>MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN</b>	2	
<b>MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN</b>	2	
<b>MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN</b>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT</b>	2	
<b>M-M-R II (PF) SUBCUTANEOUS RECON SOLN</b>	2	
<b>OCTAGAM INTRAVENOUS SOLUTION</b>	2	PA
<b>PEDIARIX (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION</b>	2	
<b>PENTACEL (PF) INTRAMUSCULAR KIT</b>	2	
<b>PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN</b>	2	
<b>PNEUMOVAX 23 INJECTION SOLUTION</b>	2	
<b>PNEUMOVAX 23 INJECTION SYRINGE</b>	2	
<b>PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>PRIVIGEN INTRAVENOUS SOLUTION</b>	2	PA
<b>PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	
<b>QUADRACEL (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	2	
<b>RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE</b>	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

DO = Dose Optimization Limit



Drug Name	Tier	Notes
<b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE</b>	2	
<b>ROTARIX ORAL SUSPENSION FOR RECONSTITUTION</b>	2	
<b>ROTATEQ VACCINE ORAL SUSPENSION</b>	2	
<b>TENIVAC (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>TENIVAC (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>TETANUS-DIPHThERIA TOXIDS-TD INTRAMUSCULAR SUSPENSION</b>	2	
<b>TRUMENBA INTRAMUSCULAR SYRINGE</b>	2	
<b>TWINRIX (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>TWINRIX (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION</b>	2	QL
<b>TYPHIM VI INTRAMUSCULAR SYRINGE</b>	2	
<b>VAQTA (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>VAQTA (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	

Drug Name	Tier	Notes
<b>VARIZIG INTRAMUSCULAR RECON SOLN</b>	2	
<b>VIVOTIF BERNA VACCINE ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
<b>VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
<b>YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	
<b>ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	
<b>BLOOD</b>		
albumin, human 25 % intravenous parenteral solution	1	
<b>ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
albuminar 25 % intravenous parenteral solution	1	
albuminar 5 % intravenous parenteral solution	1	
alburx (human) 25 % intravenous parenteral solution	1	
alburx (human) 5 % intravenous parenteral solution	1	
albutein 25 % intravenous parenteral solution	1	
albutein 5 % intravenous parenteral solution	1	
aminocaproic acid intravenous solution	1	
buminate 25 % intravenous parenteral solution	1	
buminate 5 % intravenous parenteral solution	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>DROXIA ORAL CAPSULE</b>	2	
hetastarch 6 % in 0.9 % nacl intravenous solution	1	
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1	
pentoxifylline oral tablet extended release	1	
plasbumin 25 % intravenous parenteral solution	1	
plasbumin 5 % intravenous parenteral solution	1	
plasmanate intravenous parenteral solution	1	
protamine intravenous solution	1	
tranexamic acid intravenous solution	1	QL
tranexamic acid oral tablet	1	QL
<b>CARDIAC DRUGS</b>		
adenosine intravenous solution	1	
adenosine intravenous syringe	1	
afeditab cr oral tablet extended release 30 mg	1	DO
afeditab cr oral tablet extended release 60 mg	1	QL
amiodarone intravenous solution	1	
amiodarone intravenous syringe	1	
amiodarone oral tablet	1	
amlodipine oral tablet 10 mg	1	QL
amlodipine oral tablet 2.5 mg, 5 mg	1	DO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1	DO

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1	QL
<b>CORLANOR ORAL TABLET</b>	2	PA; QL
digitek oral tablet	1	
digox oral tablet	1	
digoxin injection solution	1	
digoxin injection syringe	1	
digoxin oral solution 50 mcg/ml	1	
digoxin oral tablet	1	
<b>DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE</b>	2	
diltiazem hcl intravenous recon soln	1	
diltiazem hcl intravenous solution	1	
diltiazem hcl oral capsule, extended release 120 mg, 180 mg	1	DO
diltiazem hcl oral capsule, extended release 240 mg, 300 mg, 360 mg, 420 mg	1	QL
diltiazem hcl oral capsule,ext release degradable 120 mg, 180 mg	1	DO
diltiazem hcl oral capsule,ext release degradable 240 mg	1	QL
diltiazem hcl oral capsule,extended release 12 hr	1	QL
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1	DO
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1	QL
diltiazem hcl oral tablet	1	QL
diltiazem hcl oral tablet extended release 24 hr 180 mg	1	DO

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1	QL
dilt-xr oral capsule,ext release degradable 120 mg, 180 mg	1	DO
dilt-xr oral capsule,ext release degradable 240 mg	1	QL
disopyramide phosphate oral capsule	1	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml), 500 mg/500 ml (1,000 mcg/ml)	1	
dobutamine intravenous solution	1	
dofetilide oral capsule	1	
felodipine oral tablet extended release 24 hr 10 mg	1	QL
felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg	1	DO
flecainide oral tablet	1	
ibutilide fumarate intravenous solution	1	
<b>ISORDIL ORAL TABLET</b>	2	
isosorbide dinitrate oral tablet	1	
isosorbide dinitrate oral tablet extended release	1	
isosorbide mononitrate oral tablet	1	
isosorbide mononitrate oral tablet extended release 24 hr	1	
isradipine oral capsule	1	QL
<b>LANOXIN ORAL TABLET</b>	2	
<b>LANOXIN PEDIATRIC INJECTION SOLUTION</b>	2	
lidocaine (pf) intravenous solution	1	
lidocaine (pf) intravenous syringe	1	

Drug Name	Tier	Notes
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
matzim la oral tablet extended release 24 hr 180 mg	1	DO
matzim la oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1	QL
mexiletine oral capsule	1	
milrinone in 5 % dextrose intravenous piggyback	1	
milrinone intravenous solution	1	
nicardipine intravenous solution	1	
nicardipine oral capsule	1	QL
nifedical xl oral tablet extended release 24hr 30 mg	1	DO
nifedical xl oral tablet extended release 24hr 60 mg	1	QL
nifedipine oral capsule	1	QL
nifedipine oral tablet extended release 24hr 30 mg	1	DO
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	1	QL
nifedipine oral tablet extended release 30 mg	1	DO
nifedipine oral tablet extended release 60 mg, 90 mg	1	QL
nimodipine oral capsule	1	QL
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 8.5 mg	1	DO
nisoldipine oral tablet extended release 24 hr 25.5 mg, 30 mg, 34 mg, 40 mg	1	QL
nitro-bid transdermal ointment	1	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
nitroglycerin in 5 % dextrose intravenous solution	1	
nitroglycerin intravenous solution	1	
nitroglycerin oral capsule, extended release	1	
nitroglycerin sublingual tablet	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual aerosol,spray	1	
nitroglycerin translingual spray,non-aerosol	1	
<b>NITROSTAT SUBLINGUAL TABLET</b>	2	
nitro-time oral capsule, extended release	1	
<b>NORPACE CR ORAL CAPSULE, EXTENDED RELEASE</b>	2	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
procainamide injection solution	1	
propafenone oral capsule,extended release 12 hr	1	
propafenone oral tablet	1	
quinidine gluconate injection solution	1	
quinidine gluconate oral tablet extended release	1	
quinidine sulfate oral tablet	1	
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HR</b>	2	
taztia xt oral capsule, extended release 120 mg, 180 mg	1	DO
taztia xt oral capsule, extended release 240 mg, 300 mg, 360 mg	1	QL
verapamil intravenous solution	1	

Drug Name	Tier	Notes
verapamil intravenous syringe	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg	1	DO
verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg	1	QL
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg	1	DO
verapamil oral capsule,ext rel. pellets 24 hr 240 mg, 360 mg	1	QL
verapamil oral tablet	1	QL
verapamil oral tablet extended release	1	QL
<b>CARDIOVASCULAR</b>		
acebutolol oral capsule	1	
<b>ADCIRCA ORAL TABLET</b>	2	QL
alprostadil injection solution	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1	QL
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	DO
amlodipine-benazepril oral capsule	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1	QL
amlodipine-valsartan oral tablet 5-160 mg	1	DO
amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1	QL
amlodipine-valsartan-hcthiiazid oral tablet 5-160-12.5 mg	1	DO
atenolol oral tablet	1	
atenolol-chlorthalidone oral tablet	1	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg	1	DO

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
atorvastatin oral tablet 80 mg	1	QL
<b>AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG</b>	2	QL
<b>AZOR ORAL TABLET 5-20 MG</b>	2	DO
benazepril oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1	
<b>BENICAR HCT ORAL TABLET 20-12.5 MG</b>	2	DO
<b>BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG</b>	2	QL
<b>BENICAR ORAL TABLET 20 MG</b>	2	DO
<b>BENICAR ORAL TABLET 40 MG, 5 MG</b>	2	QL
betaxolol oral tablet	1	
<b>BIDIL ORAL TABLET</b>	2	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide oral tablet	1	
<b>BYSTOLIC ORAL TABLET</b>	2	
candesartan oral tablet	1	QL
candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg	1	QL
candesartan-hydrochlorothiazide oral tablet 32-25 mg	1	
captopril oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1	
carvedilol oral tablet	1	
cholestyramine (with sugar) oral powder	1	
cholestyramine (with sugar) oral powder in packet	1	
cholestyramine light oral powder	1	
cholestyramine light oral powder in packet	1	

Drug Name	Tier	Notes
clonidine hcl oral tablet	1	
clonidine transdermal patch weekly	1	
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1	
colestipol oral granules	1	
colestipol oral packet	1	
colestipol oral tablet	1	
<b>COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR</b>	2	
<b>CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG</b>	2	DO
<b>CRESTOR ORAL TABLET 40 MG</b>	2	QL
doxazosin oral tablet	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide oral tablet	1	
<b>ENTRESTO ORAL TABLET</b>	2	PA; QL
ephedrine sulfate injection solution	1	
epoprostenol (glycine) intravenous recon soln	1	PA
eprosartan oral tablet	1	QL
ergoloid oral tablet	1	
esmolol intravenous solution	1	
fenofibrate micronized oral capsule	1	
fenofibrate nanocrystallized oral tablet	1	
fenofibrate oral tablet 120 mg, 40 mg	1	PA; DO
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec)	1	
fenofibric acid oral tablet	1	
fluvastatin oral capsule	1	DO

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
fluvastatin oral tablet extended release 24 hr	1	
fosinopril oral tablet	1	
fosinopril-hydrochlorothiazide oral tablet	1	
gemfibrozil oral tablet	1	
guanfacine oral tablet	1	
<b>HEMANGEOL ORAL SOLUTION</b>	2	
hydralazine injection solution	1	
hydralazine oral tablet	1	
ibuprofen lysine (pf) intravenous solution	1	
indomethacin sodium intravenous recon soln	1	
irbesartan oral tablet 150 mg, 75 mg	1	DO
irbesartan oral tablet 300 mg	1	QL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	
isoxsuprine oral tablet	1	
labetalol intravenous solution	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral tablet	1	
<b>LETAIRIS ORAL TABLET</b>	2	PA; QL
lisinopril oral tablet	1	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan oral tablet	1	QL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	DO
lovastatin oral tablet 10 mg, 20 mg	1	DO
lovastatin oral tablet 40 mg	1	QL
methyl dopa oral tablet	1	

Drug Name	Tier	Notes
methyl dopa-hydrochlorothiazide oral tablet	1	
methyl dopate intravenous solution	1	
metoprolol succinate oral tablet extended release 24 hr	1	
metoprolol tartrate-hydrochlorothiazide oral tablet	1	
metoprolol tartrate intravenous solution	1	
metoprolol tartrate intravenous syringe	1	
metoprolol tartrate oral tablet	1	
minoxidil oral tablet	1	
moexipril oral tablet	1	
moexipril-hydrochlorothiazide oral tablet	1	
nadolol oral tablet	1	
nadolol-bendroflumethiazide oral tablet	1	
niacin oral tablet extended release 24 hr	1	QL
papaverine injection solution	1	QL
perindopril erbumine oral tablet	1	
phenylephrine hcl injection solution	1	
pindolol oral tablet	1	
pravastatin oral tablet 10 mg, 20 mg	1	DO
pravastatin oral tablet 40 mg	1	
pravastatin oral tablet 80 mg	1	QL
prazosin oral capsule	1	
prevalite oral powder	1	
prevalite oral powder in packet	1	
propranolol intravenous solution	1	
propranolol oral capsule, extended release 24 hr	1	
propranolol oral solution	1	
propranolol oral tablet	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
propranolol-hydrochlorothiazid oral tablet	1	
quinapril oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1	
ramipril oral capsule	1	
<b>REMODULIN INJECTION SOLUTION</b>	2	PA
<b>REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR</b>	2	PA; QL
<b>REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR</b>	2	PA; QL
<b>REPATHA SYRINGE SUBCUTANEOUS SYRINGE</b>	2	PA; QL
reserpine oral tablet	1	
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg	2	DO
rosuvastatin oral tablet 40 mg	2	QL
sildenafil intravenous solution	1	PA; QL
sildenafil oral tablet	1	PA; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	DO
simvastatin oral tablet 80 mg	1	PA; QL
sorine oral tablet	1	
sotalol af oral tablet	1	
sotalol oral tablet	1	
telmisartan oral tablet 20 mg, 40 mg	1	DO
telmisartan oral tablet 80 mg	1	QL
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1	QL
telmisartan-amlodipine oral tablet 40-5 mg	1	DO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1	DO
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1	QL

Drug Name	Tier	Notes
terazosin oral capsule	1	
timolol maleate oral tablet	1	
<b>TRACLEER ORAL TABLET</b>	2	PA; QL
trandolapril oral tablet	1	QL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg	1	DO; QL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	1	QL
<b>TRIBENZOR ORAL TABLET</b>	2	
valsartan oral tablet	1	QL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL
veletri intravenous recon soln	1	PA
<b>VENTAVIS INHALATION SOLUTION FOR NEBULIZATION</b>	2	PA
<b>WELCHOL ORAL POWDER IN PACKET</b>	2	
<b>WELCHOL ORAL TABLET</b>	2	
<b>CNS DRUGS</b>		
<b>AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT</b>	2	PA
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</b>	2	PA
<b>AVONEX INTRAMUSCULAR SYRINGE</b>	2	PA
<b>AVONEX INTRAMUSCULAR SYRINGE KIT</b>	2	PA
<b>BETASERON SUBCUTANEOUS KIT</b>	2	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
caffeine citrated intravenous solution	1	
caffeine citrated oral solution	1	
caffeine-sodium benzoate injection solution	1	
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable	1	
<b>CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR</b>	2	
clonazepam oral tablet	1	
clonazepam oral tablet, disintegrating	1	
<b>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</b>	2	PA
<b>DEPACON INTRAVENOUS SOLUTION</b>	2	
<b>DEPAKENE ORAL CAPSULE</b>	2	
<b>DEPAKENE ORAL SOLUTION</b>	2	
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR</b>	2	
<b>DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)</b>	2	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE, SPRINKLE</b>	2	
<b>DIASTAT ACUDIAL RECTAL KIT</b>	2	QL
<b>DIASTAT RECTAL KIT</b>	2	QL
diazepam rectal kit	1	QL
<b>DILANTIN EXTENDED ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>DILANTIN INFATABS ORAL TABLET, CHEWABLE</b>	2	
<b>DILANTIN ORAL CAPSULE</b>	2	
<b>DILANTIN-125 ORAL SUSPENSION</b>	2	
divalproex oral capsule, sprinkle	1	
divalproex oral tablet extended release 24 hr	1	
divalproex oral tablet, delayed release (dr/ec)	1	
doxapram intravenous solution	1	
epitol oral tablet	1	
ethanol (ethyl alcohol) injection solution	1	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
felbamate oral suspension	1	
felbamate oral tablet	1	
<b>FELBATOL ORAL SUSPENSION</b>	2	
<b>FELBATOL ORAL TABLET</b>	2	
fosphenytoin injection solution	1	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
<b>GABITRIL ORAL TABLET</b>	2	
glatopa subcutaneous syringe	2	PA
<b>GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR</b>	2	PA; QL
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	2	PA; DO
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	2	PA; QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
<b>KEPPRA INTRAVENOUS SOLUTION</b>	2	
<b>KEPPRA ORAL SOLUTION</b>	2	
<b>KEPPRA ORAL TABLET</b>	2	
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	2	
<b>LAMICTAL ODT ORAL TABLET,DISINTEGRATING</b>	2	
<b>LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK</b>	2	
<b>LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK</b>	2	
<b>LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK</b>	2	
<b>LAMICTAL ORAL TABLET</b>	2	
<b>LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG</b>	2	
<b>LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK</b>	2	
<b>LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK</b>	2	
<b>LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK</b>	2	
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	
lamotrigine oral tablet extended release 24hr	1	
lamotrigine oral tablet, chewable dispersible	1	

Drug Name	Tier	Notes
lamotrigine oral tablet,disintegrating	1	
lamotrigine oral tablets,dose pack 25 mg (35)	1	
levetiracetam intravenous solution	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
memantine oral solution	1	
memantine oral tablet	1	
<b>NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK</b>	2	
<b>NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK</b>	2	
<b>NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR</b>	2	
<b>NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR</b>	2	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
<b>PHENYTEK ORAL CAPSULE</b>	2	
phenytoin oral suspension	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium intravenous solution	1	
phenytoin sodium intravenous syringe	1	
<b>PLEGRIDY SUBCUTANEOUS PEN INJECTOR</b>	2	PA
<b>PLEGRIDY SUBCUTANEOUS SYRINGE</b>	2	PA
primidone oral tablet	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

DO = Dose Optimization Limit



Drug Name	Tier	Notes
riluzole oral tablet	1	
roweepra oral tablet	1	
<b>TEGRETOL ORAL SUSPENSION</b>	2	
<b>TEGRETOL ORAL TABLET</b>	2	
<b>TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR</b>	2	
tetrabenazine oral tablet	1	PA
tiagabine oral tablet	1	
<b>TOPAMAX ORAL CAPSULE, SPRINKLE</b>	2	
<b>TOPAMAX ORAL TABLET</b>	2	
topiramate oral capsule, sprinkle	1	
topiramate oral tablet	1	
<b>TRILEPTAL ORAL SUSPENSION</b>	2	
<b>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR</b>	2	
valproate sodium intravenous solution	1	
valproic acid (as sodium salt) oral solution	1	
valproic acid oral capsule	1	
<b>ZARONTIN ORAL CAPSULE</b>	2	
<b>ZARONTIN ORAL SOLUTION</b>	2	
zonisamide oral capsule	1	
<b>COLONY STIMULATING FACTORS</b>		
<b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION</b>	2	PA
<b>ARANESP (IN POLYSORBATE) INJECTION SYRINGE</b>	2	PA
<b>NEULASTA SUBCUTANEOUS SYRINGE</b>	2	PA; QL

Drug Name	Tier	Notes
<b>NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR</b>	2	PA; QL
<b>NEUPOGEN INJECTION SOLUTION</b>	2	PA
<b>NEUPOGEN INJECTION SYRINGE</b>	2	PA
<b>PROCRIT INJECTION SOLUTION</b>	2	PA
<b>CONTRACEPTIVES</b>		
altavera (28) oral tablet	1	PA
alyacen 1/35 (28) oral tablet	1	PA
alyacen 7/7/7 (28) oral tablet	1	PA
amethia lo oral tablets, dose pack, 3 month	1	PA
amethia oral tablets, dose pack, 3 month	1	PA
amethyst oral tablet	1	PA
apri oral tablet	1	PA
aranelle (28) oral tablet	1	PA
ashlyna oral tablets, dose pack, 3 month	1	
aubra oral tablet	1	PA
aviane oral tablet	1	PA
azurette (28) oral tablet	1	PA
balziva (28) oral tablet	1	PA
bekyree (28) oral tablet	1	PA
blisovi 24 fe oral tablet	1	PA
blisovi fe 1.5/30 (28) oral tablet	1	
blisovi fe 1/20 (28) oral tablet	1	PA
brillyn oral tablet	1	PA
camila oral tablet	1	PA
camrese lo oral tablets, dose pack, 3 month	1	PA
camrese oral tablets, dose pack, 3 month	1	PA
<b>CAYA CONTOURED VAGINAL DIAPHRAGM</b>	2	
caziant (28) oral tablet	1	
chateal oral tablet	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
cryselle (28) oral tablet	1	PA
cyclafem 1/35 (28) oral tablet	1	
cyclafem 7/7/7 (28) oral tablet	1	
cyred oral tablet	1	PA
dasetta 1/35 (28) oral tablet	1	PA
dasetta 7/7/7 (28) oral tablet	1	PA
daysee oral tablets,dose pack,3 month	1	PA
deblitane oral tablet	1	PA
delyla (28) oral tablet	1	PA
desog-e.estradiol/e.estradiol oral tablet	1	PA
desogestrel-ethinyl estradiol oral tablet	1	PA
drospirenone-ethinyl estradiol oral tablet	1	PA
elinest oral tablet	1	PA
emoquette oral tablet	1	
enpresse oral tablet	1	PA
enskyce oral tablet	1	PA
errin oral tablet	1	PA
estarylla oral tablet	1	PA
falmina (28) oral tablet	1	PA
<b>FEMCAP VAGINAL DEVICE</b>	2	
gianvi (28) oral tablet	1	PA
gildagia oral tablet	1	
heather oral tablet	1	PA
introvale oral tablets,dose pack,3 month	1	PA
jencycla oral tablet	1	PA
jolessa oral tablets,dose pack,3 month	1	PA
jolivette oral tablet	1	PA
juleber oral tablet	1	
junel 1.5/30 (21) oral tablet	1	PA
junel 1/20 (21) oral tablet	1	PA
junel fe 1.5/30 (28) oral tablet	1	PA
junel fe 1/20 (28) oral tablet	1	PA

Drug Name	Tier	Notes
junel fe 24 oral tablet	1	PA
kaitlib fe oral tablet,chewable	1	
kariva (28) oral tablet	1	PA
kelnor 1/35 (28) oral tablet	1	PA
kimidess (28) oral tablet	1	
kurvelo oral tablet	1	PA
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	1	PA
larin 1.5/30 (21) oral tablet	1	PA
larin 1/20 (21) oral tablet	1	PA
larin 24 fe oral tablet	1	PA
larin fe 1.5/30 (28) oral tablet	1	PA
larin fe 1/20 (28) oral tablet	1	PA
larissia oral tablet	1	
layolis fe oral tablet,chewable	1	PA
leena 28 oral tablet	1	PA
lessina oral tablet	1	PA
levonest (28) oral tablet	1	PA
levonorgestrel oral tablet 1.5 mg	1	QL
levonorgestrel-ethinyl estradiol oral tablet	1	PA
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	1	PA
levonorg-eth estradiol triphasic oral tablet	1	
levora-28 oral tablet	1	PA
<b>LO LOESTRIN FE ORAL TABLET</b>	2	PA
lomedica 24 fe oral tablet	1	
loryna (28) oral tablet	1	PA
low-ogestrel (28) oral tablet	1	PA
luteru (28) oral tablet	1	PA
lyza oral tablet	1	
marlissa oral tablet	1	PA
medroxyprogesterone intramuscular suspension	1	PA
medroxyprogesterone intramuscular syringe	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
microgestin 1.5/30 (21) oral tablet	1	PA
microgestin 1/20 (21) oral tablet	1	PA
microgestin fe 1.5/30 (28) oral tablet	1	PA
microgestin fe 1/20 (28) oral tablet	1	PA
<b>MINASTRIN 24 FE ORAL TABLET,CHEWABLE</b>	2	
mono-lynyah oral tablet	1	PA
mononessa (28) oral tablet	1	PA
my way oral tablet	1	QL
myzilra oral tablet	1	
necon 0.5/35 (28) oral tablet	1	PA
necon 1/35 (28) oral tablet	1	PA
necon 1/50 (28) oral tablet	1	PA
necon 10/11 (28) oral tablet	1	PA
necon 7/7/7 (28) oral tablet	1	PA
next choice one dose oral tablet	1	QL
nikki (28) oral tablet	1	
nora-be oral tablet	1	PA
noreth-ethinyl estradiol-iron oral tablet,chewable	1	PA
norethindrone (contraceptive) oral tablet	1	PA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	PA
norethindrone-e.estradiol-iron oral tablet	1	PA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1	PA
norlyroc oral tablet	1	PA
nortrel 0.5/35 (28) oral tablet	1	PA
nortrel 1/35 (21) oral tablet	1	PA
nortrel 1/35 (28) oral tablet	1	PA

Drug Name	Tier	Notes
nortrel 7/7/7 (28) oral tablet	1	PA
<b>NUVARING VAGINAL RING</b>	2	PA
ocella oral tablet	1	PA
ogestrel (28) oral tablet	1	PA
orsythia oral tablet	1	
philith oral tablet	1	PA
pimtrex (28) oral tablet	1	PA
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	1	
pirmella oral tablet 1-35 mg-mcg	1	PA
portia oral tablet	1	PA
previfem oral tablet	1	
quasense oral tablets,dose pack,3 month	1	PA
reclipsen (28) oral tablet	1	PA
setlakin oral tablets,dose pack,3 month	1	PA
sharobel oral tablet	1	PA
sprintec (28) oral tablet	1	PA
sronyx oral tablet	1	PA
syeda oral tablet	1	PA
tarina fe 1/20 (28) oral tablet	1	PA
tilia fe oral tablet	1	PA
tri-estarylla oral tablet	1	PA
tri-legest fe oral tablet	1	PA
tri-lynyah oral tablet	1	PA
tri-lo-estarylla oral tablet	1	
tri-lo-marzia oral tablet	1	
tri-lo-sprintec oral tablet	1	
trinessa (28) oral tablet	1	PA
trinessa lo oral tablet	1	
tri-previfem (28) oral tablet	1	
tri-sprintec (28) oral tablet	1	PA
trivora (28) oral tablet	1	PA
velivet triphasic regimen (28) oral tablet	1	PA
vestura (28) oral tablet	1	PA
vienva oral tablet	1	
viorele (28) oral tablet	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
vyfemla (28) oral tablet	1	
wera (28) oral tablet	1	PA
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	2	
wymzya fe oral tablet,chewable	1	
xulane transdermal patch weekly	1	QL
zarah oral tablet	1	
zenchent (28) oral tablet	1	PA
zenchent fe oral tablet,chewable	1	PA
zovia 1/35e (28) oral tablet	1	PA
zovia 1/50e (28) oral tablet	1	PA
<b>COUGH/COLD PREPARATIONS</b>		
benzonatate oral capsule	1	
brompheniramine-pseudoeph -dm oral syrup	1	
centergy dm oral drops	1	
cheratussin ac oral liquid	1	
cheratussin dac oral syrup	1	
guaifenesin ac oral liquid	1	

Drug Name	Tier	Notes
guaifenesin dac oral syrup	1	
hydrocodone-chlorphenirami ne oral suspension,extended rel 12 hr	1	
hydrocodone-cpm-pseudoeph ed oral solution	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
hydromet oral syrup	1	
iophen c-nr oral liquid	1	
lortuss ex oral syrup	1	
m-clear wc oral liquid	1	
phenylhistine dh oral liquid	1	
<b>POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML</b>	2	
promethazine vc-codeine oral syrup	1	
promethazine-codeine oral syrup	1	
promethazine-dm oral syrup	1	
promethazine-phenyleph-cod eine oral syrup	1	
relcof c oral liquid	1	
rydex oral liquid	1	
tusnel c oral syrup	1	
<b>TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR</b>	2	
tussigon oral tablet	1	
virtussin ac oral liquid	1	
virtussin dac oral syrup	1	
<b>ZODRYL AC 40 ORAL SUSPENSION</b>	2	
<b>ZODRYL DEC 30 ORAL SUSPENSION</b>	2	
<b>Z-TUSS AC ORAL LIQUID</b>	2	
<b>DIAGNOSTIC</b>		
<b>ACCU-CHEK AVIVA PLUS TEST STRP STRIP</b>	2	QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>ACCU-CHEK COMPACT PLUS TEST STRIP</b>	2	QL
<b>ACCU-CHEK COMPACT TEST STRIP</b>	2	QL
<b>ACCU-CHEK SMARTVIEW TEST STRIP STRIP</b>	2	QL
<b>ONETOUCH ULTRA TEST STRIP</b>	2	QL
<b>ONETOUCH VERIO STRIP</b>	2	QL
<b>DIURETICS</b>		
acetazolamide oral capsule, extended release	1	
acetazolamide oral tablet	1	
acetazolamide sodium injection recon soln	1	
amiloride oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	
bumetanide injection solution	1	
bumetanide oral tablet	1	
chlorothiazide oral tablet	1	
chlorothiazide sodium intravenous recon soln	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
eplerenone oral tablet	1	
ethacrynate sodium intravenous recon soln	1	
ethacrynic acid oral tablet	1	
furosemide injection solution	1	
furosemide injection syringe	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
mannitol 10 % intravenous parenteral solution	1	

Drug Name	Tier	Notes
mannitol 20 % intravenous parenteral solution	1	
mannitol 25 % intravenous solution	1	
mannitol 5 % intravenous parenteral solution	1	
methazolamide oral tablet	1	
methyclothiazide oral tablet	1	
metolazone oral tablet	1	
osmitrol 15 % intravenous parenteral solution	1	
osmitrol 20 % intravenous parenteral solution	1	
spironolactone oral tablet	1	
spironolacton-hydrochlorothiazide oral tablet	1	
toremide oral tablet	1	
triamterene-hydrochlorothiazide oral capsule	1	
triamterene-hydrochlorothiazide oral tablet	1	
<b>EENT PREPS</b>		
acetasol hc otic drops	1	
acetic acid otic solution	1	
acetic acid-aluminum acetate otic drops	1	
acuicyn topical spray,non-aerosol	1	
<b>ALPHAGAN P OPHTHALMIC DROPS 0.1 %</b>	2	
altacaine ophthalmic drops	1	
altafluor ophthalmic drops	1	
apraclonidine ophthalmic drops	1	
<b>ASTEPRO NASAL SPRAY,NON-AEROSOL</b>	2	QL
atropine ophthalmic drops	1	
atropine ophthalmic ointment	1	
azelastine nasal aerosol,spray	1	QL
azelastine nasal spray,non-aerosol	1	QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>AZOPT OPHTHALMIC DROPS,SUSPENSION</b>	2	
balanced salt intraocular solution	1	
betaxolol ophthalmic drops	1	
<b>BETOPTIC S OPHTHALMIC DROPS,SUSPENSION</b>	2	
bimatoprost ophthalmic drops	1	
brimonidine ophthalmic drops	1	
bromfenac ophthalmic drops	1	
bss intraocular solution	1	
budesonide nasal spray,non-aerosol	1	QL
carteolol ophthalmic drops	1	
<b>COMBIGAN OPHTHALMIC DROPS</b>	2	
cromolyn ophthalmic drops	1	QL
cyclopentolate ophthalmic drops	1	
dexamethasone sodium phosphate ophthalmic drops	1	
diclofenac sodium ophthalmic drops	1	
dorzolamide ophthalmic drops	1	
dorzolamide-timolol ophthalmic drops	1	
<b>DUREZOL OPHTHALMIC DROPS</b>	2	QL
<b>DYMISTA NASAL SPRAY,NON-AEROSOL</b>	2	QL
flucaine ophthalmic drops	1	
fluocinolone acetonide oil otic drops	1	
fluorescein-benoxinate ophthalmic drops	1	
fluorescein-proparacaine ophthalmic drops	1	
fluorometholone ophthalmic drops,suspension	1	

Drug Name	Tier	Notes
flurbiprofen sodium ophthalmic drops	1	
flurox ophthalmic drops	1	
homatropaire ophthalmic drops	1	
homatropine hbr ophthalmic drops	1	
hydrocortisone-acetic acid otic drops	1	
<b>ILEVRO OPHTHALMIC DROPS,SUSPENSION</b>	2	
ipratropium bromide nasal spray,non-aerosol	1	QL
ketorolac ophthalmic drops	1	
latanoprost ophthalmic drops	1	
levobunolol ophthalmic drops 0.5 %	1	
<b>LOTEMAX OPHTHALMIC DROPS,SUSPENSION</b>	2	
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	2	
<b>LUMIGAN OPHTHALMIC DROPS 0.01 %</b>	2	
metipranolol ophthalmic drops	1	
miostat intraocular solution	1	
mometasone nasal spray,non-aerosol	2	ST; QL
ocucoat intraocular syringe	1	
olopatadine nasal spray,non-aerosol	1	QL
phenylephrine hcl ophthalmic drops	1	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1	
prednisolone acetate ophthalmic drops,suspension	1	
prednisolone sodium phosphate ophthalmic drops	1	
proparacaine ophthalmic drops	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>RESTASIS OPHTHALMIC DROPPERETTE</b>	2	
<b>SIMBRINZA OPHTHALMIC DROPS,SUSPENSION</b>	2	
tetrcaine ophthalmic drops	1	
tetracaine hcl (pf) ophthalmic drops	1	
tetracaine hcl ophthalmic drops	1	
timolol maleate ophthalmic drops	1	
timolol maleate ophthalmic gel forming solution	1	
<b>TRAVATAN Z OPHTHALMIC DROPS</b>	2	
tropicamide ophthalmic drops	1	
<b>ELECT/CALORIC/H2O</b>		
amino acids 15 % intravenous parenteral solution	1	
<b>AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION</b>	2	
bd posiflush normal saline injection syringe	1	

Drug Name	Tier	Notes
bd posiflush saline blunt cann injection syringe	1	
bd pre-filled normal saline injection syringe	1	
bd pre-filled saline blunt can injection syringe	1	
calcium acetate oral capsule	1	
calcium acetate oral tablet 667 mg	1	
calcium chloride intravenous solution	1	
calcium chloride intravenous syringe	1	
calcium gluconate intravenous solution	1	
calcium-folic acid-vitamin d oral wafer	1	
centratex oral capsule	1	
chromium chloride intravenous solution	1	
copper chloride intravenous solution	1	
corvita 150 oral tablet	1	
cysteine (l-cysteine) intravenous solution	1	
cytra k crystals oral packet	1	
cytra-2 oral solution	1	
cytra-3 oral solution	1	
cytra-k oral solution	1	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	
delflex with 2.5 % dextrose intraperitoneal solution	1	
delflex-1c/1.5% dextrose intraperitoneal solution	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
delflex-1c/2.5% dextrose intraperitoneal solution	1	
delflex-1c/4.25% dextrose intraperitoneal solution	1	
<b>DELFLX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION</b>	2	
dentagel dental gel	1	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution	1	
dextrose 20 % in water (d20w) intravenous parenteral solution	1	
dextrose 25 % in water (d25w) intravenous syringe	1	
dextrose 30 % in water (d30w) intravenous parenteral solution	1	
dextrose 40 % in water (d40w) intravenous parenteral solution	1	
dextrose 5 % in ringers intravenous parenteral solution	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	
dextrose 5 %-lactated ringers intravenous parenteral solution	1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	1	

Drug Name	Tier	Notes
dextrose 50 % in water (d50w) intravenous syringe	1	
dextrose 70 % in water (d70w) intravenous parenteral solution	1	
effer-k oral tablet, effervescent 25 meq	1	
electrolyte-48 in d5w intravenous parenteral solution	1	
eliphos oral tablet	1	ST
fe c plus oral tablet	1	
ferocon oral capsule	1	
ferraplus 90 oral tablet	1	
ferrex 150 forte oral capsule	1	
ferrex 150 forte plus oral capsule	1	
ferrex 28 oral tablet	1	
ferrocite plus oral tablet	1	
ferrogels forte oral capsule	1	
fluor-a-day (with xylitol) oral tablet, chewable 0.25 mg f (0.55 mg)-236.79mg, 1 mg f (2.2 mg)-236.79 mg	1	
fluoridex daily defense dental gel	1	
fluoritab oral tablet, chewable	1	
focalgin dss oral tablet	1	
folivane-f oral capsule	1	
folivane-plus oral capsule	1	
freamine iii 10 % intravenous parenteral solution	1	
<b>GLUCAGEN HYPOKIT INJECTION RECON SOLN</b>	2	
<b>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT</b>	2	
hematinic plus vit/minerals oral tablet	1	
hematinic/folic acid oral tablet	1	
hematogen fa oral capsule	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
hematogen forte oral capsule	1	
hematogen oral capsule	1	
hemetab oral tablet	1	
iferex 150 forte oral capsule	1	
infed injection solution	1	
k-effervescent oral tablet, effervescent	1	
kionex (with sorbitol) oral suspension	1	
kionex oral powder	1	
klor-con 10 oral tablet extended release	1	
klor-con 8 oral tablet extended release	1	
klor-con m10 oral tablet,er particles/crystals	1	
klor-con m15 oral tablet,er particles/crystals	1	
klor-con m20 oral tablet,er particles/crystals	1	
klor-con oral packet	1	
klor-con sprinkle oral capsule, extended release	1	
klor-con/ef oral tablet, effervescent	1	
<b>K-PHOS ORIGINAL ORAL TABLET,SOLUBLE</b>	2	
k-phos-neutral oral tablet	1	
k-sol oral liquid	1	
k-tab oral tablet extended release 8 meq	1	
lactated ringers intravenous parenteral solution	1	
ludent fluoride oral tablet,chewable	1	
lugols oral solution	1	
magnesium chloride injection solution	1	
magnesium sulfate in water intravenous parenteral solution	1	
magnesium sulfate in water intravenous piggyback	1	

Drug Name	Tier	Notes
magnesium sulfate injection solution	1	
magnesium sulfate injection syringe	1	
manganese chloride intravenous solution	1	
manganese sulfate intravenous solution	1	
monoject 0.9% sodium chloride injection syringe	1	
monoject prefill advanced ns injection syringe	1	
monoject prefill saline flush injection syringe	1	
multigen folic oral tablet	1	
multigen plus oral tablet	1	
multitrace-4 pediatric intravenous solution	1	
myferon 150 forte oral capsule	1	
normal saline flush injection syringe	1	
nutrilyte intravenous solution	1	
perio med dental solution	1	
phospha 250 neutral oral tablet	1	
poly-iron 150 forte oral capsule	1	
pot,sodium citrate-citric acid oral solution	1	
potassium acetate intravenous solution 2 meq/ml	1	
potassium bicarb and chloride oral tablet, effervescent	1	
potassium bicarb-citric acid oral tablet, effervescent	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

DO = Dose Optimization Limit

Drug Name	Tier	Notes
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution	1	
potassium chloride intravenous piggyback	1	
potassium chloride intravenous solution	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride oral tablet extended release	1	
potassium chloride oral tablet,er particles/crystals	1	
potassium chloride-0.45 % nacl intravenous parenteral solution	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution	1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	1	
potassium citrate oral tablet extended release	1	
potassium citrate-citric acid oral packet	1	
potassium citrate-citric acid oral solution	1	
potassium phosphate m-/d-basic intravenous solution	1	
premasol 10 % intravenous parenteral solution	1	

Drug Name	Tier	Notes
purevit dualfe plus oral capsule	1	
<b>REVELA ORAL POWDER IN PACKET</b>	2	
<b>REVELA ORAL TABLET</b>	2	
ringers intravenous parenteral solution	1	
selenium intravenous solution	1	
se-tan plus oral capsule	1	
sf dental gel	1	
sodium acetate intravenous solution	1	
sodium bicarbonate intravenous solution	1	
sodium bicarbonate intravenous syringe	1	
sodium chloride 0.45 % intravenous parenteral solution	1	
sodium chloride 0.45 % intravenous piggyback	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % injection syringe	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride 3 % intravenous parenteral solution	1	
sodium chloride 5 % intravenous parenteral solution	1	
sodium chloride intravenous parenteral solution	1	
sodium citrate-citric acid oral solution	1	
sodium ferric gluconat-sucrose intravenous solution	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

DO = Dose Optimization Limit

Drug Name	Tier	Notes
sodium fluoride dental solution	1	
sodium fluoride oral drops	1	
sodium fluoride oral tablet,chewable	1	
sodium lactate intravenous solution	1	
sodium phosphate intravenous solution	1	
sodium polystyrene (sorb free) oral suspension	1	
sodium polystyrene sulfonate oral powder	1	
sodium polystyrene sulfonate oral suspension	1	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1	
sps (with sorbitol) oral suspension	1	
sps (with sorbitol) rectal enema	1	
strong iodine oral solution	1	
syrex sodium chloride 0.9% injection syringe	1	
taron forte oral capsule	1	
tl g-fol os oral tablet	1	
tl icon oral capsule	1	
tl-hem 150 oral tablet extended release 24 hr	1	
travasol 10 % intravenous parenteral solution	1	
tricitrates oral solution	1	
tricon oral capsule	1	
trigels-f forte oral capsule	1	
virt-phos 250 neutral oral tablet	1	
virtrate-2 oral solution	1	
virtrate-3 oral solution	1	
virtrate-k oral solution	1	
zinc chloride intravenous solution	1	
zinc sulfate intravenous solution	1	

Drug Name	Tier	Notes
zinc sulfate oral capsule	1	
<b>GASTROINTESTINAL</b>		
alose tron oral tablet	1	
<b>AMITIZA ORAL CAPSULE</b>	2	
amoxicil-clarithromy-lansopr az oral combo pack	1	
anas paz oral tablet,disintegrating	1	
<b>ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	2	
atropine injection solution	1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1	
balsalazide oral capsule	1	
<b>CANASA RECTAL SUPPOSITORY</b>	2	
carafate oral suspension	1	
chlordiazepoxide-clidinium oral capsule	1	
cimetidine hcl oral solution	1	
cimetidine oral tablet	1	
compro rectal suppository	1	
constulose oral solution	1	
<b>CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
<b>DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)</b>	2	
dicyclomine intramuscular solution	1	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
dimenhydrinate injection solution	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
dronabinol oral capsule	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
ed-spaz oral tablet,disintegrating	1	
enulose oral solution	1	
esomeprazole sodium intravenous recon soln	1	
famotidine (pf) intravenous solution	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1	
famotidine intravenous solution	1	
famotidine oral suspension	1	
famotidine oral tablet 20 mg, 40 mg	1	
gavilyte-c oral recon soln	1	
gavilyte-g oral recon soln	1	
gavilyte-h and bisacodyl oral kit	1	
gavilyte-n oral recon soln	1	
generlac oral solution	1	
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet	1	
granisetron (pf) intravenous solution	1	
granisetron hcl intravenous solution	1	
granisetron hcl oral tablet	1	QL
hemmorex-hc rectal suppository	1	
hydrocortisone acetate rectal suppository	1	
hydrocortisone-pramoxine rectal cream	1	
hyoscyamine sulfate oral drops	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet extended release 12 hr	1	
hyoscyamine sulfate oral tablet,disintegrating	1	

Drug Name	Tier	Notes
hyoscyamine sulfate sublingual tablet	1	
hyosyne oral drops	1	
hyosyne oral elixir	1	
intralipid intravenous emulsion 20 %	1	
lactulose oral solution	1	
<b>LEVSIN INJECTION SOLUTION</b>	2	
<b>LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	2	
<b>LINZESS ORAL CAPSULE</b>	2	
loperamide oral capsule	1	
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine rectal enema	1	
mesalamine with cleansing wipe rectal enema kit	1	
methscopolamine oral tablet	1	
metoclopramide hcl injection solution	1	
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet,disintegrating	1	
misoprostol oral tablet	1	
<b>NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET</b>	2	QL
nizatidine oral capsule	1	
nizatidine oral solution	1	
<b>NUTRIPORT BALLOON KIT</b>	2	
omeprazole oral capsule,delayed release(dr/ec)	1	QL
omeprazole-sodium bicarbonate oral capsule	1	QL

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
omeprazole-sodium bicarbonate oral packet	1	ST; QL
ondansetron hcl (pf) injection solution	1	
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous solution	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet	1	QL
ondansetron oral tablet, disintegrating	1	QL
opium tincture oral tincture	1	
oscimin oral tablet	1	
oscimin oral tablet, disintegrating	1	
oscimin sl sublingual tablet	1	
oscimin sr oral tablet extended release 12 hr	1	
pantoprazole intravenous recon soln	1	QL
pantoprazole oral tablet, delayed release (dr/ec)	1	QL
paregoric oral liquid	1	QL
peg 3350-electrolytes oral recon soln	1	
peg-3350 with flavor packs oral recon soln	1	
peg-electrolyte soln oral recon soln	1	
peg-prep oral kit	1	
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE</b>	2	
phenadoz rectal suppository	1	
phenergan rectal suppository	1	
phenobarb-hyoscy-atropine-s cop oral tablet	1	
phenohydro oral tablet	1	
polyethylene glycol 3350 oral powder	1	
polyethylene glycol 3350 oral powder in packet	1	
pramcort rectal cream	1	

Drug Name	Tier	Notes
prochlorperazine edisylate injection solution	1	
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	
promethazine rectal suppository	1	
promethazine rectal suppository	1	
proprantheline oral tablet	1	
rabeprazole oral tablet, delayed release (dr/ec)	1	ST; QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
<b>REMICADE INTRAVENOUS RECON SOLN</b>	2	PA
sodium benzoate-sod phenylacet intravenous solution	1	
sodium phenylbutyrate oral powder	1	
sucalfate oral tablet	1	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet, delayed release (dr/ec)	1	
symax fastabs oral tablet, disintegrating	1	
symax-sl sublingual tablet	1	
symax-sr oral tablet extended release 12 hr	1	
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY</b>	2	
trilyte with flavor packets oral recon soln	1	
trimethobenzamide oral capsule	1	
ursodiol oral capsule	1	
ursodiol oral tablet	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
<b>HORMONES</b>		
<b>ACTHAR H.P. INJECTION GEL</b>	2	PA
a-hydrocort injection recon soln	1	
amabelz oral tablet	1	
<b>ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)</b>	2	PA; DO; QL
<b>ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)</b>	2	PA; DO; QL
androxy oral tablet	1	
betamethasone acet,sod phos injection suspension	1	
budesonide oral capsule,delayed,extend.release	1	
cabergoline oral tablet	1	
calcitonin (salmon) nasal spray,non-aerosol	1	QL
<b>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</b>	2	PA
chorionic gonadotropin, human intramuscular recon soln	1	PA
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	2	
clomiphene citrate oral tablet	1	PA
colocort rectal enema	1	
<b>COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY</b>	2	
cortisone oral tablet	1	
cosyntropin injection recon soln	1	
covaryx h.s. oral tablet	1	

Drug Name	Tier	Notes
covaryx oral tablet	1	
<b>CRINONE VAGINAL GEL 8 %</b>	2	PA
danazol oral capsule	1	
deltasone oral tablet 20 mg	1	
desmopressin injection solution	1	
desmopressin nasal aerosol,spray	1	
desmopressin nasal solution	1	
desmopressin nasal spray,non-aerosol	1	
desmopressin oral tablet	1	
dexamethasone intensol oral drops	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sodium phos (pf) injection solution	1	
dexamethasone sodium phosphate injection solution	1	
dexamethasone sodium phosphate injection syringe	1	
<b>DIVIGEL TRANSDERMAL GEL IN PACKET</b>	2	
eemt hs oral tablet	1	
eemt oral tablet	1	
<b>ENDOMETRIN VAGINAL INSERT</b>	2	PA
<b>ESTRACE VAGINAL CREAM</b>	2	
estradiol oral tablet	1	
estradiol transdermal patch semiweekly	1	
estradiol transdermal patch weekly	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ESTRING VAGINAL RING</b>	2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	1	
estropipate oral tablet	1	
<b>EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL</b>	2	
fludrocortisone oral tablet	1	
<b>FOLLISTIM AQ INJECTION SOLUTION 75 UNIT/0.5 ML</b>	2	PA
<b>FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE</b>	2	PA
fyavolv oral tablet	1	
<b>GANIRELIX SUBCUTANEOUS SYRINGE</b>	2	PA
<b>HUMATROPE INJECTION CARTRIDGE</b>	2	PA
<b>HUMATROPE INJECTION RECON SOLN</b>	2	PA
hydrocortisone oral tablet	1	
hydrocortisone rectal enema	1	
hydroxyprogesterone caproate intramuscular oil	1	PA
jevantique lo oral tablet	1	
jinteli oral tablet	1	
lopreeza oral tablet	1	
<b>LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG</b>	2	PA; QL
<b>LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG</b>	2	PA; QL
<b>LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT</b>	2	PA; QL
<b>LUPRON DEPOT-PED INTRAMUSCULAR KIT</b>	2	PA; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>MEDROL ORAL TABLET 2 MG</b>	2	
medroxyprogesterone oral tablet	1	
<b>MENEST ORAL TABLET</b>	2	
<b>MENOPUR SUBCUTANEOUS RECON SOLN</b>	2	PA
methergine oral tablet	1	
methylergonovine oral tablet	1	
methylprednisolone acetate injection suspension	1	
methylprednisolone oral tablet	1	
methylprednisolone oral tablets, dose pack	1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous recon soln	1	
methyltestosterone oral capsule	1	
millipred dp oral tablets, dose pack	1	
millipred oral tablet	1	
mimvey lo oral tablet	1	
mimvey oral tablet	1	
norethindrone acetate oral tablet	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
novarel intramuscular recon soln	1	PA
<b>NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR</b>	2	PA
<b>NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)</b>	2	PA
octreotide acetate injection solution	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
octreotide acetate injection syringe	1	PA
<b>OVIDREL SUBCUTANEOUS SYRINGE</b>	2	PA
oxandrolone oral tablet	1	PA
oxytocin injection solution	1	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet, disintegrating	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablets, dose pack	1	
<b>PREMARIN INJECTION RECON SOLN</b>	2	
<b>PREMARIN ORAL TABLET</b>	2	
<b>PREMARIN VAGINAL CREAM</b>	2	
<b>PREMPHASE ORAL TABLET</b>	2	
<b>PREMPRO ORAL TABLET</b>	2	
progesterone in oil intramuscular oil	1	
progesterone intramuscular oil	1	
progesterone micronized oral capsule	1	
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT</b>	2	PA; QL
serophene oral tablet	1	PA
<b>SOMATULINE DEPOT SUBCUTANEOUS SYRINGE</b>	2	PA; QL

Drug Name	Tier	Notes
<b>SUPPRELIN LA IMPLANT KIT</b>	2	PA
<b>SYNAREL NASAL SPRAY, NON-AEROSOL</b>	2	PA
testosterone cypionate intramuscular oil	1	PA
testosterone enanthate intramuscular oil	1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; DO; QL
triamcinolone acetonide injection suspension	1	
<b>VAGIFEM VAGINAL TABLET</b>	2	
vasopressin injection solution	1	
veripred 20 oral solution	1	
<b>IMMUNOSUPPRESSANT</b>		
<b>AZASAN ORAL TABLET</b>	2	PA
azathioprine oral tablet	1	PA
azathioprine sodium injection recon soln	1	PA
<b>CELLCEPT ORAL CAPSULE</b>	2	PA
<b>CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION</b>	2	PA
<b>CELLCEPT ORAL TABLET</b>	2	PA
cyclosporine intravenous solution	1	PA
cyclosporine modified oral capsule	1	PA
cyclosporine modified oral solution	1	PA
cyclosporine oral capsule	1	PA
<b>ELIDEL TOPICAL CREAM</b>	2	ST
gengraf oral capsule 100 mg, 25 mg	1	PA
gengraf oral capsule 50 mg	1	
gengraf oral solution	1	PA
mycophenolate mofetil oral capsule	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
mycophenolate mofetil oral suspension for reconstitution	1	PA
mycophenolate mofetil oral tablet	1	PA
mycophenolate sodium oral tablet, delayed release (dr/ec)	1	PA
<b>NEORAL ORAL CAPSULE</b>	2	PA
<b>NEORAL ORAL SOLUTION</b>	2	PA
<b>NULOJIX INTRAVENOUS RECON SOLN</b>	2	PA
<b>PROGRAF INTRAVENOUS SOLUTION</b>	2	PA
<b>PROGRAF ORAL CAPSULE</b>	2	PA
<b>RAPAMUNE ORAL SOLUTION</b>	2	PA
<b>RAPAMUNE ORAL TABLET</b>	2	PA
<b>SANDIMMUNE INTRAVENOUS SOLUTION</b>	2	PA
<b>SANDIMMUNE ORAL CAPSULE</b>	2	PA
<b>SANDIMMUNE ORAL SOLUTION</b>	2	PA
sirolimus oral tablet	1	PA
<b>STELARA SUBCUTANEOUS SYRINGE</b>	2	PA; QL
tacrolimus oral capsule	1	PA
tacrolimus topical ointment	1	ST
<b>ZORTRESS ORAL TABLET</b>	2	PA
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG</b>		
<b>1ST TIER UNIFINE PENTIPS NEEDLE</b>	2	
<b>1ST TIER UNIFINE PENTIPS PLUS NEEDLE</b>	2	
<b>1ST TIER UNILET COMFORTOUCH</b>	2	

Drug Name	Tier	Notes
<b>ACCU-CHEK FASTCLIX</b>	2	
<b>ACCU-CHEK FASTCLIX KIT</b>	2	
<b>ACCU-CHEK MULTICLIX LANCET</b>	2	
<b>ACCU-CHEK MULTICLIX LANCET KIT</b>	2	
<b>ACCU-CHEK SAFE-T-PRO</b>	2	
<b>ACCU-CHEK SAFE-T-PRO PLUS</b>	2	
<b>ACCU-CHEK SOFT DEV LANCETS KIT</b>	2	
<b>ACCU-CHEK SOFTCLIX LANCETS</b>	2	
acti-lance lancets 17 gauge, 28 gauge	1	
<b>ACTI-LANCE LANCETS 23 GAUGE</b>	2	
<b>ADVANCED LANCING DEVICE KIT</b>	2	
<b>ADVANCED TRAVEL LANCETS</b>	2	
<b>ADVOCATE LANCET</b>	2	
<b>ADVOCATE PEN NEEDLES NEEDLE</b>	2	
<b>ALTERNATE SITE LANCET</b>	2	
<b>ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE</b>	2	
<b>ASSURE LANCE</b>	2	
<b>ASSURE LANCE PLUS</b>	2	
<b>AUTOLET IMPRESSION LANC DEV KIT</b>	2	
<b>BD AUTOSHIELD DUO PEN NEEDLE NEEDLE</b>	2	
<b>BD AUTOSHIELD PEN NEEDLE NEEDLE</b>	2	
<b>BD INSULIN PEN NEEDLE UF MINI NEEDLE</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>BD INSULIN PEN NEEDLE UF ORIG NEEDLE</b>	2	
<b>BD INSULIN PEN NEEDLE UF SHORT NEEDLE</b>	2	
<b>BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE</b>	2	
<b>BD ULTRA FINE LANCETS</b>	2	
<b>BD ULTRA-FINE II LANCETS</b>	2	
<b>BD ULTRA-FINE NANO PEN NEEDLES NEEDLE</b>	2	
<b>BULLSEYE MINI SAFETY LANCETS</b>	2	
<b>CAREFINE PEN NEEDLE NEEDLE</b>	2	
<b>CAREONE THIN LANCET</b>	2	
<b>CAREONE ULTRA THIN LANCET</b>	2	
<b>CLEVER CHEK LANCETS</b>	2	
<b>CLICKFINE NEEDLE</b>	2	
<b>COAGUCHEK LANCETS</b>	2	
<b>COLOR LANCETS</b>	2	
<b>COMFORT EZ PEN NEEDLES NEEDLE</b>	2	
<b>COMFORT LANCETS</b>	2	
<b>DROPLET LANCETS</b>	2	
<b>DROPLET PEN NEEDLE NEEDLE</b>	2	
<b>EASY COMFORT LANCETS</b>	2	
<b>EASY COMFORT PEN NEEDLES NEEDLE</b>	2	
<b>EASY TOUCH LANCETS</b>	2	
<b>EASY TOUCH NEEDLE</b>	2	
<b>EASY TOUCH SAFETY LANCETS</b>	2	
<b>EASY TOUCH TWIST LANCETS</b>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>EASY TWIST AND CAP LANCETS</b>	2	
<b>EMBRACE LANCETS</b>	2	
e-z ject lancets	1	
<b>E-Z JECT THIN LANCETS</b>	2	
<b>EZ SMART LANCETS</b>	2	
<b>FIFTY50 SAFETY SEAL LANCETS</b>	2	
<b>FINE 30 UNIVERSAL LANCETS</b>	2	
<b>FINGERSTIX LANCETS</b>	2	
<b>FIRST CHOICE LANCETS THIN</b>	2	
<b>FORACARE LANCETS</b>	2	
<b>FREESTYLE LANCETS</b>	2	
<b>FREESTYLE UNISTIK 2</b>	2	
<b>GLUCOCOM LANCETS</b>	2	
<b>GMATE LANCETS</b>	2	
<b>HEALTHY ACCENTS UNIFINE PENTIP NEEDLE</b>	2	
<b>HEALTHY ACCENTS UNILET LANCET</b>	2	
<b>HYPOLANCE AST LANCING KIT</b>	2	
<b>INCONTROL PEN NEEDLE NEEDLE</b>	2	
<b>INCONTROL SUPER THIN LANCETS</b>	2	
<b>INCONTROL ULTRA THIN LANCETS</b>	2	
<b>INJECT EASE LANCETS</b>	2	
<b>INSUPEN NEEDLE</b>	2	
<b>INVACARE LANCETS</b>	2	
<b>KINNEY BRAND LANCETS</b>	2	
<b>LANCETS</b>	2	
<b>LANCETS, SUPER THIN</b>	2	
<b>LANCETS, THIN</b>	2	
<b>LANCETS, ULTRA THIN</b>	2	
<b>LANCING DEVICE WITH LANCETS KIT</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>LITE TOUCH INSULIN PEN NEEDLES NEEDLE</b>	2	
<b>LITE TOUCH LANCETS</b>	2	
<b>MEDISENSE THIN LANCETS</b>	2	
<b>MEDLANCE PLUS LANCETS</b>	2	
<b>MICRO THIN LANCETS</b>	2	
<b>MICROLET 2 LANCING DEVICE KIT</b>	2	
<b>MICROLET LANCET</b>	2	
<b>MINI ULTRA-THIN II NEEDLE</b>	2	
<b>MONOLET LANCETS</b>	2	
<b>MONOLET THIN LANCETS</b>	2	
<b>MULTI-LANCET DEVICE 2 KIT</b>	2	
<b>MYGLUCOHEALTH LANCETS</b>	2	
<b>NOVA SAFETY LANCETS</b>	2	
<b>NOVA SUREFLEX LANCETS</b>	2	
<b>NOVOFINE 30 NEEDLE</b>	2	
<b>NOVOFINE 32 NEEDLE</b>	2	
<b>NOVOFINE AUTOCOVER NEEDLE</b>	2	
<b>NOVOFINE PLUS NEEDLE</b>	2	
<b>NOVOTWIST NEEDLE 32 GAUGE X 1/5"</b>	2	
<b>ON CALL LANCET</b>	2	
<b>ON CALL PLUS LANCET</b>	2	
<b>ONETOUCH DELICA LANC DEVICE KIT</b>	2	
<b>ONETOUCH DELICA LANCETS</b>	2	
<b>ONETOUCH SURESOFT LANCING DEV</b>	2	
<b>ONETOUCH ULTRASOFT LANCETS</b>	2	
<b>ON-THE-GO LANCETS</b>	2	

Drug Name	Tier	Notes
<b>PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"</b>	2	
<b>PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"</b>	2	
<b>PENTIPS NEEDLE</b>	2	
<b>PRESSURE ACTIVATED LANCETS</b>	2	
<b>PRO COMFORT LANCETS</b>	2	
<b>PRODIGY LANCETS</b>	2	
<b>PRODIGY TWIST TOP LANCET</b>	2	
<b>RELIAMED LANCET 28 GAUGE, 30 GAUGE</b>	2	
<b>RELIAMED SAFETY SEAL LANCETS</b>	2	
<b>RELION NEEDLES NEEDLE</b>	2	
<b>RELION PEN NEEDLES NEEDLE</b>	2	
<b>RELION THIN LANCETS</b>	2	
<b>RELION ULTRA THIN PLUS LANCETS</b>	2	
<b>RIGHTEST GL300 LANCETS</b>	2	
<b>SAFETY LANCETS</b>	2	
<b>SAFETY SEAL LANCETS</b>	2	
<b>SAFETY-LET LANCETS</b>	2	
<b>SINGLE-LET</b>	2	
<b>SMART SENSE LANCETS</b>	2	
<b>SMARTEST LANCET</b>	2	
<b>SOFT TOUCH LANCETS</b>	2	
<b>SOLUS V2 LANCETS</b>	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
SOLUS V2 LANCING DEVICE KIT	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 28 GAUGE, 30 GAUGE	2	
SURE COMFORT PEN NEEDLE NEEDLE	2	
SURE-FINE PEN NEEDLES NEEDLE	2	
SUREFLEX DEVICE WITH LANCETS KIT	2	
SURE-LANCE	2	
SURE-LANCE ULTRA THIN	2	
SURE-TOUCH LANCET	2	
TECHLITE LANCETS	2	
TECHLITE PEN NEEDLE NEEDLE	2	
TELCARE LANCETS	2	
THIN LANCETS	2	
TOPCARE CLICKFINE NEEDLE	2	
TOPCARE UNIVERSAL1 LANCET	2	
TRUEPLUS LANCETS	2	
ULTICARE PEN NEEDLE NEEDLE	2	
ULTI-LANCE KIT	2	
ULTILET BASIC LANCETS	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET PEN NEEDLE NEEDLE	2	
ULTILET SAFETY LANCETS	2	
ULTRA THIN II LANCETS	2	
ULTRA THIN LANCETS	2	
ULTRA THIN PLUS LANCETS	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ULTRA TLC LANCETS	2	
ULTRALANCE LANCETS	2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE	2	
ULTRA-THIN II LANCETS	2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS NEEDLE	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET GP LANCET	2	
UNILET LANCET 28 GAUGE, 33 GAUGE	2	
UNILET LANCETS	2	
UNILET SUPER THIN LANCETS	2	
UNISTIK 2 DEVICE KIT	2	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	2	
UNISTIK 3 COMFORT DEVICE KIT	2	
UNISTIK 3 COMFORT LANCET	2	
UNISTIK 3 EXTRA LANCET	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 KIT	2	
UNISTIK 3 LANCETS	2	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
<b>UNISTIK 3 NEONATAL DEVICE KIT</b>	2	
<b>UNISTIK 3 NEONATAL KIT</b>	2	
<b>UNISTIK 3 NORMAL LANCET</b>	2	
<b>UNISTIK CZT LANCET</b>	2	
<b>UNISTIK SAFETY</b>	2	
<b>UNISTIK TOUCH LANCETS</b>	2	
<b>UNIVERSAL 1 LANCETS</b>	2	
<b>MUSCLE RELAXANTS</b>		
baclofen oral tablet	1	
carisoprodol oral tablet	1	
carisoprodol-aspirin oral tablet	1	
chlorzoxazone oral tablet	1	
cyclobenzaprine oral tablet	1	
dantrolene oral capsule	1	
metaxall oral tablet	1	
metaxalone oral tablet	1	
methocarbamol injection solution	1	
methocarbamol oral tablet	1	
orphenadrine citrate injection solution	1	
orphenadrine citrate oral tablet extended release	1	
revonto intravenous recon soln	1	
tizanidine oral capsule	1	
tizanidine oral tablet	1	
<b>PRE-NATAL VITAMINS</b>		
<b>ATABEX EC ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	2	
calcium pnv oral capsule	1	
c-nate dha oral capsule	1	
completenate oral tablet,chewable	1	
dothelle dha oral capsule	1	
elite-ob 400 oral capsule	1	

Drug Name	Tier	Notes
elite-ob oral capsule	1	
<b>EXTRA-VIRT PLUS DHA ORAL CAPSULE</b>	2	
folbecal oral tablet, er multiphase 24 hr	1	
folivane-ob oral capsule	1	
hemenatal ob oral tablet	1	
inatal advance oral tablet	1	
inatal ultra oral tablet	1	
macnatal cn dha oral capsule	1	
mynatal advance oral tablet	1	
mynatal oral capsule	1	
mynatal oral tablet	1	
mynatal plus oral tablet	1	
mynatal-z oral tablet	1	
mynate 90 plus oral tablet extended release	1	
newgen oral tablet	1	
pnv 29-1 oral tablet	1	
pnv-dha + docusate oral capsule	1	
pnv-dha oral capsule	1	
pnv-ferrous fumarate-docu-fa oral tablet	1	
pnv-omega oral capsule	1	
pnv-select oral tablet	1	
pnv-vp-u oral capsule	1	
pr natal 400 ec oral combo pack,tablet and cap,dr	1	
pr natal 400 oral combo pack	1	
pr natal 430 ec oral combo pack,tablet and cap,dr	1	
pr natal 430 oral combo pack	1	
prena1 chew oral tablet,chew,ir - dr,biphase	1	
prena1 pearl oral capsule,ir - delay rel,biphase	1	
prena1 true oral combo pack	1	
prenaissance next oral tablet	1	
prenaissance oral capsule	1	
prenaissance plus oral capsule	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
prenatabs fa oral tablet	1	
prenatabs rx oral tablet	1	
prenatal low iron oral tablet	1	
prenatal plus (calcium carb) oral tablet	1	
prenatal plus oral tablet	1	
prenatal vitamin plus low iron oral tablet	1	
prenatal-u oral capsule	1	
preplus oral tablet	1	
pretab oral tablet	1	
relnate dha oral capsule	1	
rulavite dha oral capsule	1	
se-natal 19 (with docusate) oral tablet	1	
se-natal 19 oral tablet, chewable	1	
se-tan dha oral capsule	1	
taron-c dha oral capsule	1	
taron-prex prenatal-dha oral capsule	1	
thrivite-19 oral tablet	1	
tl-select oral capsule	1	
triadvance oral tablet	1	QL
trinatal gt oral tablet	1	
trinatal rx 1 oral tablet	1	
trinate oral tablet	1	
triveen-one oral capsule	1	
triveen-prx rnf oral capsule	1	
ultimatecare one nf oral capsule	1	
ultimatecare one oral capsule	1	
vemavite-prx-2 oral capsule	1	
vinacal oral tablet	1	
vinate care oral tablet, chewable	1	
vinate dha oral capsule	1	
vinate gt oral tablet	1	
vinate ii oral tablet	1	
vinate m oral tablet	1	
vinate one oral tablet	1	

Drug Name	Tier	Notes
vinate pn care oral tablet	1	
vinate ultra oral tablet	1	
virt-advance oral tablet	1	
virt-c dha oral capsule	1	
virt-nate dha oral capsule	1	
virt-nate oral tablet	1	
virt-pn dha oral capsule	1	
virt-pn oral tablet	1	
virt-pn plus oral capsule	1	
virt-select oral capsule	1	
virt-vite gt oral tablet	1	
vitafol-ob oral tablet	1	
vol-nate oral tablet	1	
vol-plus oral tablet	1	
vol-tab rx oral tablet	1	
vp-ch plus oral capsule	1	
vp-ch-pnv oral capsule	1	
vp-ggr-b6 oral tablet	1	
vp-heme ob oral tablet	1	
vp-heme one oral capsule	1	
zatean-ch oral capsule	1	
zatean-pn dha oral capsule	1	
zatean-pn plus oral capsule	1	
zingiber oral tablet	1	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
alprazolam intensol oral concentrate	1	
alprazolam oral tablet	1	
alprazolam oral tablet extended release 24 hr	1	
alprazolam oral tablet, disintegrating	1	
amitriptyline oral tablet	1	
amitriptyline-chlordiazepoxide oral tablet	1	
amoxapine oral tablet	1	
aripiprazole oral solution	1	PA
aripiprazole oral tablet	1	PA
aripiprazole oral tablet, disintegrating	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
armodafinil oral tablet 150 mg, 250 mg, 50 mg	1	PA; QL
armodafinil oral tablet 200 mg	1	PA
bupropion hcl oral tablet 100 mg	1	QL
bupropion hcl oral tablet 75 mg	1	DO
bupropion hcl oral tablet extended release 100 mg	1	DO
bupropion hcl oral tablet extended release 150 mg	1	PA; QL
bupropion hcl oral tablet extended release 200 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg	1	DO
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL
bupropion hcl oral tablet extended release 24 hr 300 mg	1	
buspirone oral tablet	1	
chlordiazepoxide hcl oral capsule	1	
chlorpromazine injection solution	1	
chlorpromazine oral tablet	1	PA
citalopram oral solution	1	QL
citalopram oral tablet 10 mg, 20 mg	1	DO
citalopram oral tablet 40 mg	1	QL
clomipramine oral capsule	1	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium oral tablet	1	
clozapine oral tablet	1	PA
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg	1	PA
<b>CLOZARIL ORAL TABLET</b>	2	PA
desipramine oral tablet	1	
dexmethylphenidate oral capsule, er biphasic 50-50	1	PA

Drug Name	Tier	Notes
dexmethylphenidate oral tablet	1	PA
diazepam injection solution	1	
diazepam injection syringe	1	
diazepam intensol oral concentrate	1	
diazepam oral concentrate	1	
diazepam oral solution	1	
diazepam oral tablet	1	
doxepin oral capsule	1	
doxepin oral concentrate	1	
droperidol injection solution	1	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 40 mg, 60 mg	1	PA; QL
duloxetine oral capsule, delayed release(dr/ec) 30 mg	1	PA; DO
escitalopram oxalate oral solution	1	QL
escitalopram oxalate oral tablet 10 mg, 5 mg	1	DO
escitalopram oxalate oral tablet 20 mg	1	QL
<b>FAZACLO ORAL TABLET, DISINTEGRATING</b>	2	PA
fluoxetine oral capsule 10 mg, 20 mg	1	DO
fluoxetine oral capsule 40 mg	1	QL
fluoxetine oral capsule, delayed release(dr/ec)	1	QL
fluoxetine oral solution	1	QL
fluoxetine oral tablet 10 mg	1	DO
fluoxetine oral tablet 20 mg	1	
fluphenazine decanoate injection solution	1	PA
fluphenazine hcl injection solution	1	PA
fluphenazine hcl oral concentrate	1	PA
fluphenazine hcl oral elixir	1	PA

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
fluphenazine hcl oral tablet	1	PA
fluvoxamine oral capsule,extended release 24hr	1	QL
fluvoxamine oral tablet 100 mg	1	QL
fluvoxamine oral tablet 25 mg, 50 mg	1	DO
<b>GEODON INTRAMUSCULAR RECON SOLN</b>	2	PA
guanfacine oral tablet extended release 24 hr	1	
haloperidol decanoate intramuscular solution	1	PA
haloperidol lactate injection solution	1	PA
haloperidol lactate oral concentrate	1	PA
haloperidol oral tablet	1	PA
imipramine hcl oral tablet	1	
imipramine pamoate oral capsule	1	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium carbonate oral tablet extended release	1	
lithium citrate oral solution 8 meq/5 ml	1	
<b>LITHOBID ORAL TABLET EXTENDED RELEASE</b>	2	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
loxapine succinate oral capsule	1	PA
maprotiline oral tablet	1	
meprobamate oral tablet	1	
metadate er oral tablet extended release	1	

Drug Name	Tier	Notes
methylphenidate oral capsule, er biphasic 30-70	1	PA
methylphenidate oral capsule,er biphasic 50-50	1	PA
methylphenidate oral solution	1	PA
methylphenidate oral tablet	1	PA
methylphenidate oral tablet extended release	1	PA
methylphenidate oral tablet extended release 24hr	1	PA
methylphenidate oral tablet, chewable	1	PA
mirtazapine oral tablet	1	
mirtazapine oral tablet,disintegrating	1	
modafinil oral tablet 100 mg	1	PA; DO
modafinil oral tablet 200 mg	1	PA; QL
molindone oral tablet	1	PA
nefazodone oral tablet	1	
nortriptyline oral capsule	1	
nortriptyline oral solution	1	
olanzapine intramuscular recon soln	1	PA
olanzapine oral tablet	1	PA
olanzapine oral tablet,disintegrating	1	PA
olanzapine-fluoxetine oral capsule	1	PA
oxazepam oral capsule	1	
paliperidone oral tablet extended release 24hr	1	PA
paroxetine hcl oral tablet 10 mg, 20 mg	1	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1	QL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	DO
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	1	QL
perphenazine oral tablet	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
perphenazine-amitriptyline oral tablet	1	
phenelzine oral tablet	1	
pimozide oral tablet	1	PA
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</b>	2	QL
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</b>	2	DO
protriptyline oral tablet	1	
quetiapine oral tablet	1	PA
<b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE</b>	2	PA
risperidone oral solution	1	PA
risperidone oral tablet	1	PA
risperidone oral tablet, disintegrating	1	PA
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	2	PA
sertraline oral concentrate	1	QL
sertraline oral tablet 100 mg	1	QL
sertraline oral tablet 25 mg, 50 mg	1	DO
<b>STRATTERA ORAL CAPSULE</b>	2	
thioridazine oral tablet	1	
thiothixene oral capsule	1	
tranylcypromine oral tablet	1	
trazodone oral tablet	1	
trifluoperazine oral tablet	1	
trimipramine oral capsule	1	
venlafaxine oral capsule, extended release 24hr 150 mg	1	QL
venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg	1	DO
venlafaxine oral tablet	1	QL
<b>VYVANSE ORAL CAPSULE</b>	2	PA
ziprasidone hcl oral capsule	1	PA

Drug Name	Tier	Notes
<b>SEDATIVE/HYPNOTICS</b>		
dexmedetomidine intravenous solution	1	
estazolam oral tablet	1	
eszopiclone oral tablet 1 mg, 2 mg	1	QL
eszopiclone oral tablet 3 mg	1	PA; QL
flurazepam oral capsule	1	
lorazepam injection solution	1	
lorazepam injection syringe	1	
midazolam oral syrup 2 mg/ml	1	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
phenobarbital sodium injection solution	1	
quazepam oral tablet	1	
seconal sodium oral capsule	1	
temazepam oral capsule	1	
triazolam oral tablet	1	
zaleplon oral capsule	1	ST; QL
zolpidem oral tablet	1	QL
zolpidem oral tablet, extended release multiphase	1	ST; QL
zolpidem sublingual tablet	1	ST; QL
<b>SKIN PREPS</b>		
<b>8-MOP ORAL CAPSULE</b>	2	
<b>ABSORICA ORAL CAPSULE</b>	2	PA; QL
<b>ACANYA TOPICAL GEL WITH PUMP</b>		
acetic acid irrigation solution	1	
acitretin oral capsule	1	
adapalene topical cream	1	PA
adapalene topical gel	1	PA
adapalene topical gel with pump	1	
ala-cort topical cream	1	ST
alclometasone topical cream	1	ST
alclometasone topical ointment	1	ST

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
alphaquin hp topical cream	1	
<b>ALTABAX TOPICAL OINTMENT</b>	2	
ammonium lactate topical cream	1	
ammonium lactate topical lotion	1	
avita topical cream	1	PA
avo cream topical emulsion	1	
benzepro topical towelette	1	PA
benzoyl peroxide topical cleanser 7 %	1	PA
benzoyl peroxide topical foam 5.3 %	1	PA
betamethasone, augmented topical cream	1	ST
betamethasone, augmented topical gel	1	ST
betamethasone, augmented topical lotion	1	ST
betamethasone, augmented topical ointment	1	ST
blanche topical cream	1	
bp-50% urea topical emulsion	1	
bpo topical gel	1	PA
bpo topical towelette 6 %	1	PA
calcipotriene scalp solution	1	
calcipotriene topical cream	1	
calcipotriene topical ointment	1	
calcipotriene-betamethasone topical ointment	1	
calcitrene topical ointment	1	
calcitriol topical ointment	1	
cem-urea topical gel	1	
claravis oral capsule	2	PA; QL
clindamycin-benzoyl peroxide topical gel	1	
clindamycin-benzoyl peroxide topical gel with pump	1	

Drug Name	Tier	Notes
clindamycin-tretinoin topical gel	1	ST
clobetasol scalp solution	1	
clobetasol topical cream	1	
clobetasol topical foam	1	
clobetasol topical gel	1	
clobetasol topical lotion	1	
clobetasol topical ointment	1	
clobetasol topical shampoo	1	
clobetasol topical spray,non-aerosol	1	
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	
clodan topical shampoo	1	
cormax scalp solution	1	
dermazene topical cream	1	
diclofenac sodium topical gel 1 %	1	QL
doxepin topical cream	1	
drithocrema hp topical cream	1	
eletone topical cream	1	
emulsion sb topical emulsion	1	
<b>FINACEA TOPICAL FOAM</b>	2	
<b>FINACEA TOPICAL GEL</b>	2	
fluocinonide topical cream	1	ST
fluocinonide topical gel	1	ST
fluocinonide topical ointment	1	ST
fluocinonide topical solution	1	ST
fluocinonide-e topical cream	1	ST
flurandrenolide topical lotion	2	PA
halobetasol propionate topical cream	1	
halobetasol propionate topical ointment	1	
hpr plus hydrogel topical kit,cream and gel	1	
hpr plus topical cream	1	
hpr plus topical foam	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
hpr topical foam	1	
hydrocortisone topical cream 1 %, 2.5 %	1	ST
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	ST
hydrocortisone-iodoquinol-aloe topical cream in packet	1	
hydrocortisone-min oil-wht pet topical ointment	1	
hydrocortisone-pramoxine topical cream	1	
hydroquinone microspheres topical cream,extended release	1	
hydroquinone topical cream	1	
imiquimod topical cream in packet	1	PA; QL
iodoquinol-hc topical cream	1	
lactated ringers irrigation solution	1	
lactic acid e topical cream	1	
lactic acid topical lotion	1	
latrix topical suspension	1	
lindane topical shampoo	1	
lugols topical solution	1	
luxamend topical cream	1	
malathion topical lotion	1	
melpaque hp topical cream	1	
melquin 3 topical solution	1	
methoxsalen rapid oral capsule	1	
metronidazole topical cream	1	
metronidazole topical gel	1	
metronidazole topical gel with pump	1	
metronidazole topical lotion	1	
mometasone topical cream	1	
mometasone topical ointment	1	

Drug Name	Tier	Notes
mometasone topical solution	1	
myorisan oral capsule	2	PA; QL
neomycin-polymyxin b gu irrigation solution	1	
neuac topical gel	1	
nivatopic plus topical cream	1	
<b>ONEXTON TOPICAL GEL WITH PUMP</b>	2	
permethrin topical cream	1	
podofilox topical solution	1	
pr cream topical cream	1	
<b>PRAMOSONE TOPICAL CREAM 1-1 %</b>	2	
<b>PRAMOSONE TOPICAL LOTION</b>	2	
<b>PRAMOSONE TOPICAL OINTMENT</b>	2	
procto-med hc topical cream with perineal applicator	1	
procto-pak topical cream with perineal applicator	1	
proctozone-hc topical cream with perineal applicator	1	
pruclair topical cream	1	
prudoxin topical cream	1	
prumyx topical cream	1	
protect topical emulsion	1	
<b>QUTENZA TOPICAL KIT</b>	2	
rea lo 39 topical cream	1	
rea lo 40 topical cream	1	
rea lo 40 topical lotion	1	
recedo topical gel	1	
refissa topical cream	1	PA
remeven topical cream	1	
ringers irrigation solution	1	
rosadan topical cream	1	
rosadan topical gel	1	
salacyn topical cream	1	
salacyn topical lotion	1	
salvax topical foam	1	
scalacort topical lotion	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
seb-prev topical cleanser	1	
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %	1	
silver nitrate applicators topical stick	1	
silver nitrate topical ointment	1	
silver nitrate topical solution	1	
sodium chloride irrigation solution	1	
sonafine topical emulsion	1	
sp antipruritic topical gel	1	
sp scar management topical gel with pump	1	
spinosad topical suspension	1	
sulfacetamide sodium (acne) topical suspension	1	
<b>TAZORAC TOPICAL CREAM</b>	2	
<b>TAZORAC TOPICAL GEL</b>	2	
tis-u-sol pentalyte irrigation solution	1	
tretinoin (emollient) topical cream	1	PA
tretinoin microspheres topical gel	1	PA
tretinoin microspheres topical gel with pump	1	PA
tretinoin topical cream	1	PA
tretinoin topical gel	1	PA
triamcinolone acetonide topical aerosol	1	ST; QL
triamcinolone acetonide topical cream 0.025 %	1	QL
triamcinolone acetonide topical cream 0.1 %, 0.5 %	1	ST
triamcinolone acetonide topical lotion 0.025 %	1	QL
triamcinolone acetonide topical lotion 0.1 %	1	

Drug Name	Tier	Notes
triamcinolone acetonide topical ointment 0.025 %, 0.1 %	1	QL
triamcinolone acetonide topical ointment 0.5 %	1	ST
trianex topical ointment	1	
tri-chlor topical solution	1	
triderm topical cream	1	
umecta topical foam	1	
urea nail stick topical solution	1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	1	
urea topical foam	1	
urea topical gel	1	
urea topical lotion 45 %	1	
urea-hyaluronate sodium topical kit	1	
ure-k topical cream	1	
water for irrigation, sterile irrigation solution	1	
zenatane oral capsule	2	PA; QL
<b>SMOKING DETERRENTS</b>		
bupropion hcl (smoking deter) oral tablet extended release	1	
<b>THYROID PREPS</b>		
<b>ARMOUR THYROID ORAL TABLET</b>	2	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	1	
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine intravenous solution	1	
liothyronine oral tablet	1	
methimazole oral tablet 10 mg, 5 mg	1	
nature-throid oral tablet	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit



Drug Name	Tier	Notes
np thyroid oral tablet	1	
propylthiouracil oral tablet	1	
<b>SYNTHROID ORAL TABLET</b>	2	
unithroid oral tablet	1	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	
<b>UNCLASSIFIED DRUG PRODUCTS</b>		
acamprosate oral tablet, delayed release (dr/ec)	1	
acetylcysteine intravenous solution	1	
alendronate oral solution	1	
alendronate oral tablet	1	QL
alfuzosin oral tablet extended release 24 hr	1	
amifostine crystalline intravenous recon soln	1	
bacteriostatic water (parabens) injection solution	1	
buprenorphine hcl sublingual tablet	1	PA; QL
buprenorphine-naloxone sublingual tablet	1	QL
<b>CEREZYME INTRAVENOUS RECON SOLN 400 UNIT</b>	2	PA
chlorhexidine gluconate mucous membrane mouthwash	1	
<b>CIALIS ORAL TABLET 10 MG, 20 MG</b>	2	
darifenacin oral tablet extended release 24 hr	1	ST
deferoxamine injection recon soln	1	
dexrazoxane hcl intravenous recon soln	1	
disulfiram oral tablet	1	
doxercalciferol intravenous solution	1	
doxercalciferol oral capsule	1	

Drug Name	Tier	Notes
doxycycline hyclate oral tablet 20 mg	1	
dutasteride oral capsule	1	PA
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1	PA
etidronate disodium oral tablet	1	
<b>EXJADE ORAL TABLET, DISPERSIBLE</b>	2	PA; DO
finasteride oral tablet 1 mg	1	
finasteride oral tablet 5 mg	1	PA
flavoxate oral tablet	1	
flumazenil intravenous solution	1	
fomepizole intravenous solution	1	
<b>FORTEO SUBCUTANEOUS PEN INJECTOR</b>	2	PA; QL
<b>FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT</b>	2	QL
<b>FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT</b>	2	
ibandronate intravenous solution	1	ST
ibandronate intravenous syringe	1	ST
ibandronate oral tablet	1	ST; QL
<b>KUVAN ORAL POWDER IN PACKET</b>	2	PA
<b>KUVAN ORAL TABLET, SOLUBLE</b>	2	PA
leucovorin calcium injection recon soln	1	
leucovorin calcium oral tablet	1	
levocarnitine (with sugar) oral solution	1	
levocarnitine intravenous solution	1	
levocarnitine oral tablet	1	
levoleucovorin intravenous recon soln	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
levoleucovorin intravenous solution	1	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	
mesna intravenous solution	1	
<b>MESNEX ORAL TABLET</b>	2	
methylene blue (antidote) intravenous solution	1	
<b>MURI-LUBE OIL</b>	2	
<b>NAGLAZYME INTRAVENOUS SOLUTION</b>	2	PA
<b>NEBUSAL INHALATION SOLUTION FOR NEBULIZATION</b>	2	
niacin-aze ac-turner-fa-b6-zn oral tablet	1	
oralone dental paste	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr	1	
pamidronate intravenous recon soln	1	
pamidronate intravenous solution	1	
paricalcitol intravenous solution	1	
paricalcitol oral capsule	1	
paroex oral rinse mucous membrane mouthwash	1	
periogard mucous membrane mouthwash	1	
pulmosal inhalation solution for nebulization	1	
<b>PULMOZYME INHALATION SOLUTION</b>	2	
raloxifene oral tablet	1	
risedronate oral tablet	1	QL

Drug Name	Tier	Notes
risedronate oral tablet, delayed release (dr/ec)	1	QL
<b>SAVELLA ORAL TABLET</b>	2	QL
<b>SAVELLA ORAL TABLETS, DOSE PACK</b>	2	QL
<b>SENSIPAR ORAL TABLET</b>	2	
sodium chlor 0.9% bacteriostat injection solution	1	
sodium chloride inhalation solution for nebulization	1	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1	
<b>SOMAVERT SUBCUTANEOUS RECON SOLN</b>	2	PA; QL
sterile water for injection injection solution	1	
<b>SUBOXONE SUBLINGUAL FILM</b>	2	QL
<b>SYPRINE ORAL CAPSULE</b>	2	PA; DO
tamsulosin oral capsule, extended release 24hr	1	
tolterodine oral capsule, extended release 24hr	1	
tolterodine oral tablet	1	
triamcinolone acetonide dental paste	1	QL
tropium oral capsule, extended release 24hr	1	
tropium oral tablet	1	
<b>TYSABRI INTRAVENOUS SOLUTION</b>	2	PA; QL
<b>VIAGRA ORAL TABLET</b>	2	PA
vp-zel oral tablet	1	
water for inject, bacteriostat injection solution	1	
water for injection, sterile injection solution	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

Drug Name	Tier	Notes
water for injection, sterile intravenous parenteral solution	1	
<b>ZAVESCA ORAL CAPSULE</b>	2	PA; DO
zoledronic acid intravenous recon soln	1	PA
zoledronic acid intravenous solution	1	PA
zoledronic acid-mannitol-water intravenous solution	1	
<b>VITAMINS</b>		
ascorbic acid (vitamin c) injection solution	1	
b complex 100 injection solution	1	
b-12 kit injection kit	1	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	
chewable multivit-a,b,d,e,k,zn oral tablet,chewable	1	
corvita oral tablet	1	
cyanocobalamin (vitamin b-12) injection solution	1	
dialyvite oral tablet	1	
ergocalciferol (vitamin d2) oral capsule	1	
fabb oral tablet	1	
folbee ar oral tablet	1	
folbee oral tablet	1	
folbee plus oral tablet	1	
folbic oral tablet	1	
folic acid injection solution	1	
folic acid oral tablet 1 mg	1	
folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg	1	
folplex 2.2 oral tablet	1	
hydroxocobalamin intramuscular solution	1	

Drug Name	Tier	Notes
m.v.i. adult intravenous solution	1	
<b>MEPHYTON ORAL TABLET</b>	2	
multi-vit with fluoride-iron oral drops	1	
multi-vitamin with fluoride oral drops	1	
multivitamin with fluoride oral tablet,chewable	1	
multi-vitamin with fluoride oral tablet,chewable	1	
multivitamins with fluoride oral tablet,chewable	1	
mvc-fluoride oral tablet,chewable	1	
mynephrocaps oral capsule	1	
nephplex rx oral tablet	1	
nephro-vite rx oral tablet	1	
pyridoxine (vitamin b6) injection solution	1	
renal caps oral capsule	1	
rena-vite rx oral tablet	1	
reno caps oral capsule	1	
thiamine hcl (vitamin b1) injection solution	1	
tl gard rx oral tablet	1	
triphrocaps oral capsule	1	
triple vitamin with fluoride oral drops	1	
tri-vit with fluoride and iron oral drops	1	
tri-vitamin with fluoride oral drops	1	
v-c forte oral capsule	1	
vic-forte oral capsule	1	
virt-gard oral tablet	1	
virt-vite forte oral tablet	1	
virt-vite oral tablet	1	
vit 3 oral capsule	1	
vitamin d2 oral capsule	1	
vitamin k injection solution	1	

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
vitamin k1 injection solution	1	
vitamins a,c,d and fluoride oral drops	1	
vol-care rx oral tablet	1	
vp-vite rx oral tablet	1	
zolate oral capsule	1	

Brand name drug = Uppercase in bold type  
 Generic drug = Lowercase in plain type  
 PA = Prior Authorization Required  
 ST = Step Therapy Required  
 QL = Quantity Limit  
 DO = Dose Optimization Limit

Brand name drug = Uppercase in bold type  
Generic drug = Lowercase in plain type  
PA = Prior Authorization Required  
ST = Step Therapy Required  
QL = Quantity Limit  
DO = Dose Optimization Limit

## **KEY**

**PA = PRIOR AUTHORIZATION REQUIRED.** Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.

**QL = QUANTITY LIMITS.** Certain prescription drugs have specific quantity limits per prescription or per month.

**ST = STEP THERAPY REQUIRED.** You may need to use one medication before benefits for the use of another medication can be authorized.

**DO = DOSE OPTIMIZATION REQUIRED.** Normally involves the conversion from twice-daily dosing to a once-daily dosing schedule.

**Not all medications and not all plans are subject to prior authorization and quantity limits. For more information regarding prior authorization or quantity limits, contact Customer Service at the telephone number listed on your identification card.**

**For more information, please visit [anthem.com](http://anthem.com):**

- **If you have additional questions about your prescription benefits, please call the Customer Service number on your ID card.**
- **Speech and hearing impaired (TDD/TTY users) should call 1-800-221-6915, Monday – Friday, 8:30 a.m. – 5 p.m. ET.**
- **For the most current version of this Drug List, please visit [anthem.com](http://anthem.com).**



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.